DOCUMENT RESUME

ED 417 805	PS 026 355
TITLE	Child Care and Development Block Grant: Report of State Plans for the Period 10/01/97 to 9/30/99.
INSTITUTION	National Child Care Information Center, Vienna, VA.; Trans-Management Systems, Inc.; Collins Management Consulting, Inc., Vienna, VA.
SPONS AGENCY	Administration on Children, Youth, and Families (DHHS), Washington, DC. Child Care Bureau.
PUB DATE	1998-03-00
NOTE	121p.
CONTRACT	DHHS-105-94-1626
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Block Grants; *Day Care; Delivery Systems; Early Childhood Education; Program Descriptions; Public Policy; *State Federal Aid; *State Programs
IDENTIFIERS	*Child Care and Development Block Grants; Child Care Legislation; Day Care Quality; Service Delivery Assessment; Welfare Reform

ABSTRACT

The Child Care and Development Block Grant sought to unify what was a fragmented child care system. As part of welfare reform, welfare-connected child care programs were repealed and new child care funding was placed under the aegis of the lead state agency for the Block Grant. This report provides an overview of the strategies that each state, the District of Columbia, and Puerto Rico have developed to use limited resources to address the pressing needs of working families for quality, affordable child care. The report follows the approved State Plan format. Each of the six parts of the report is divided into sections. Within the sections are specific questions, based on the statute and the regulations. Lead Agencies are required to respond to each question, based on guidance in the accompanying Program Instruction. The information presented in this report reflects the actual submissions from each Lead Agency; it is not an analysis of the policies developed by the states to implement the Block Grant. The six parts of the report are: (1) Administration; (2) Developing the Child Care Program; (3) Child Care Services Offered; (4) Processes with Parents; (5) Activities and Services to Improve the Quality of Child Care; and (6) Health and Safety Requirements for Providers. An appendix contains listings of the Child Care and Development Fund Lead Agency contacts. (EV)

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Child Care and Development Block Grant

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Report of State Plans

for the period 10/01/97 to 9/30/99

Prepared by the National Child Care Information Center
March 1998

PS 026355

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Child Care and Development Block Grant

Report of State Plans

for the period 10/01/97 to 9/30/99

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Child Care and Development Block Grant
Report of State Plans
EXECUTIVE SUMMARY

This *Child Care and Development Block Grant -- Report of State Plans* provides an overview of the strategies that each state, the District of Columbia, and Puerto Rico have developed to use limited resources to address the pressing needs of working families for quality, affordable child care. In describing state methods to administer the Child Care and Development Block Grant, this report outlines a wide range of innovative efforts underway to address the affordability, accessibility, and quality of child care. The strategies that states have designed are the products of significant deliberation and consultation, and reflect difficult choices in the context of limited resources.

In addition to providing child care subsidies to low-income working families, states have targeted funds for activities to improve child care quality, such as scholarships and basic training for child care providers; tax credits for businesses that offer child care services; initiatives to link the child care and health care communities; support for resource and referral services; and initiatives to expand school-age care.

Affordability of Child Care

Today more than ever, working families struggle to pay for child care. States set eligibility levels for child care subsidies. Federal law allows states to use the Child Care and Development Block Grant to help lower-income working families -- defined as families with less than 85 percent of state median income -- meet the costs of child care. However, as this report demonstrates, with the current block grant funding level, states are not serving everyone that could be eligible under federal law. In many states, even if a family meets state eligibility requirements, there is no guarantee that funds will be available to help them. The report demonstrates that, in 10 states, a family of three with an income of $20,000 does not have a chance for help with child care costs. And in as many as 37 states, a family of three with an income of $28,000 of income is not even eligible for a child care subsidy.

All states use the Child Care and Development Block Grant to provide subsidies through certificates to eligible families who need assistance to meet afford child care. All states also allow parents to choose any type of child care setting, including child care centers and family child care providers.

Quality of Child Care

Improving the quality of child care is an issue which every state has addressed in their child care plans. While states are showing promising and innovative efforts to improve quality, parents still face too few choices for quality care. A recent study showed that only one out of seven child care centers were rated of good quality. State activities include improving state licensing and enforcement of state quality and safety standards, increasing access to scholarships

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and training for caregivers, promoting consumer education, and supporting resource and referral services.

Standards Enforcement

Of the forty-six states that report expenditures for monitoring compliance with regulations, thirty-five states target funds to hire staff to license and monitor child care providers. Twenty-one states have established grant and loan programs, such as revolving loan funds and loan-guarantees, to assist programs in meeting or maintaining the standards required by state and local licensing regulations. For example:

- Kansas has developed a grant program for licensed home-based providers to help them maintain or meet licensing requirements.
- North Carolina provides comprehensive training, technical assistance, and support for state staff who monitor child care centers and homes for compliance.

Promoting Health Linkages and Other Efforts to Improve Care

Thirty-two states coordinate with their Departments of Health to promote partnerships between the child care and health care communities, improve immunization rates, provide training to providers, monitor compliance with health and safety regulations, and improve the quality of child care programs. Such efforts include:

- New Mexico funds training for a 45-hour entry-level course for providers entering the field and for providers upgrading their licenses. Technical assistance to providers includes the dissemination of information on the prevention of abuse and neglect and the national health and safety standards for child care.
- Puerto Rico coordinates with its Department of Health on health and safety requirements, as well as on joint projects in health care, immunizations, and prenatal care for children.

Scholarships and Increased Compensation to Providers

Nineteen states report on plans to target quality improvement funds for compensation initiatives, such as scholarships to providers. Thirteen states have placed specific emphasis on supporting providers as they earn their Child Development Associate (CDA) credential or other credential, and provide training funds to providers to help them gain the credential. For example:

- In Illinois, the TEACH Early Childhood program provides partial funding for college scholarships, travel, and release time. In return, providers pledge to remain in the program for a year, for which they receive a bonus or a raise.

- Georgia is developing levels of qualifications linked to suggested salary ranges, advocating for increased support of the TEACH project, and recommending new initiatives to pay for increased salaries.

Basic Health and Safety Training for Provider

Twelve states promote basic health and safety training, which includes nutrition, child CPR, and child abuse and neglect prevention. For example:

- Iowa plans to use funds to assist providers in meeting training requirements, including certification in infant, child and adult CPR; child development; health and safety; and nutrition.

Accessibility of Child Care

An estimated five million school-age children spend time as "latchkey kids" without adult supervision during a typical week. Research indicates that during these unsupervised hours children are more likely to engage in at-risk behavior, such as crime, drugs, and alcohol use. To meet this pressing demand, states are investing in school-age care. Additionally, states are working to address the needs of underserved areas and are collaborating on public-private partnerships.

School-Age Care

Twenty state plans promote school-age care through a variety of mechanisms. For example:

- Georgia will develop new before- and after-school programs.
- Hawaii supports the before- and after-school programs available within their State Department of Education by offering both direct training programs to their staff and by funding Department of Education training of child care workers.

Supply-Building Efforts

Thirty states support supply-building activities, including those designed to increase services for rural areas, for children with special needs, and for infants and toddlers. For example:

- South Dakota plans to offer funding for school-age programs with a special emphasis on the use of empty classroom space in school buildings.
- Arizona will provide resources to help meet the demand for child care in rural and low-

income urban areas through recruitment, orientation and training of family child care providers.

Public-Private Partnerships

Every state is involved in public-private partnerships to improve child care quality and build the supply of child care for working families. These strategies include adoption of such measures as business tax credits and technical assistance to employers. For instance:

- Arkansas provides a state tax credit and a technical assistance packet for employers that develop on-site child care facilities, conducts formal outreach to all communities that have recruited new businesses, and provides access to child care grants and contracts.

- Connecticut operates a tax credit program that offers a credit to businesses that provide direct child care financial assistance, renovate or build new centers on or near their business location, and/or provide direct financial assistance that supports parenting education.

The *Child Care and Development Block Grant -- Report of State Plans* reveals great innovation in the states designed to improve and build the supply of child care. Promising strategies exist in various states that can be used as models for the nation. In addition, this report demonstrates that while states are working hard to maximize the use of the Child Care and Development Block Grant, large unmet needs remain. States are charged with protecting the health and safety of children and fostering opportunities for their optimal development, while also providing critical help to parents. States recognize that child care is an important child and family service, but limited resources constrain the number of families that they can serve. Balancing these needs will require additional funding and continued creativity and collaboration to ensure that parents can meet their responsibilities as workers -- and their even more important responsibilities as parents.

INTRODUCTION

The Child Care and Development Block Grant as amended by Congress in Public Law 104-193 (Personal Responsibility and Work Opportunity Reconciliation Act) unified what was a fragmented child care system. Welfare reform repealed the welfare-connected child care programs (AFDC JOBS, At-Risk and Transitional Child Care), and placed new child care funding under the aegis of the lead state agency for the Child Care and Development Block Grant. The combined and increased funding therefore becomes part of a holistic and streamlined system for child care. The integrated funding sources consisting of both discretionary and mandatory Federal funds have a single, unified purpose. To reflect this integration of multiple funding sources, the Department of Health and Human Services has established a Child Care and Development Fund. This Fund (CCDF) supports all child care activities conducted across the country.

Report Format

The report is formatted to follow the approved State Plan format (Form ACF 118). The Plan is divided into five parts, and each part is divided into sections. Within the sections are specific questions, based on the statute and the regulations. Lead Agencies are required to respond to each question, based on guidance in the accompanying Program Instruction (ACYF-CC-PI-97-02, available on the Child Care Bureau's Web site at http://www.acf.dhhs.gov/programs/ccb). In the report, questions from the State Plan are provided in italics for the benefit of the reader.

The information presented in the report reflects the actual submissions from each Lead Agency.* The report is not an analysis of the policies developed by the states to implement the Child Care and Development Block Grant. The *Report* does provide readers with an overview of the information provided by each Lead Agency in their State Plan.

Each Agency was asked to review a draft of the *Report* and to provide comments. Thirty-six Lead Agencies responded.** All comments made were incorporated into this report unless they differed significantly from the State Plan. Changes reflecting recent amendments to the Plans were also incorporated. This report should be used as a snapshot in time of state activities under the Child Care and Development Block Grant, as Lead Agencies are allowed to amend the State Plan at any time during the two fiscal years (FY '98-FY '99) the Plans are in effect. This report reflects the State Plans as approved on October 1, 1997, as well as the comments and amendments from Lead Agencies received prior to February 2, 1998.

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* This analysis includes information from the fifty states, the District of Columbia and Puerto Rico.

** Responses were received from: Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Massachusetts, Maryland, Michigan, Minnesota, Missouri, Mississippi, Nebraska, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, South Dakota, Utah, Virginia, Washington, Wisconsin, West Virginia and Wyoming.

Where possible, the language used by the Lead Agency to respond to a question in the Plan has been used in the report. No additional information has been added to that supplied by the Lead Agency. The information presented in each section of the report represents the National Child Care Information Center's (NCCIC's) best understanding of the State Plans. Any errors or inaccuracies are the sole responsibility of NCCIC.

In many cases, examples were taken from the State Plan to highlight a particular topic. These are intended as samples of the wide variety of activities undertaken by the Lead Agencies, and are not meant to serve as best practices or models. In each section, examples are included in alphabetic order. Exclusions were made based on space constraints only and do not imply a qualitative difference between examples included and those excluded. Inclusion in the *Report* does not imply an endorsement of any practices by the National Child Care Information Center or the Department of Health and Human Services.

State Plans are public information and are part of the public record. Lead Agency contact information is included in the appendix.

NAME OF LEAD AGENCY

Each state is required to designate a lead agency for administration of the Child Care and Development Fund. The chart beginning on the next page shows the designated Lead Agency for each Grantee.

The chart shows:

- Forty-six Lead Agencies (88 percent) administering the Child Care and Development Fund are social service or human services agencies.
- Five Lead Agencies (10 percent) administering the Child Care and Development Fund are workforce development agencies.
- One Lead Agency (2 percent) administering the Child Care and Development Fund is a Department of Education.

Lead Agencies

State Name	Lead Agency Name	Lead Agency Type
Alabama	Alabama Department of Human Resources	Social Services
Alaska	Alaska Department of Health and Social Services	Social Services
Arizona	Arizona Department of Economic Security	Workforce Agency
Arkansas	Arkansas Department of Human Services	Social Services
California	California State Department of Education	Education
Colorado	Colorado Department of Human Services	Social Services
Connecticut	Connecticut Department of Social Services	Social Services
District of Columbia	DC Department of Human Services	Social Services
Delaware	Delaware Department of Health and Social Services	Social Services
Florida	Florida Department of Children and Families	Social Services
Georgia	Georgia Department of Human Services	Social Services
Hawaii	Hawaii Department of Human Services	Social Services
Idaho	Idaho Department of Health and Welfare	Social Services
Illinois	Illinois Department of Human Services	Social Services
Indiana	Indiana Family & Social Services Administration	Social Services
Iowa	Iowa Department of Human Services	Social Services
Kansas	Kansas Department of Social and Rehabilitation Services	Social Services
Kentucky	Kentucky Department of Social Services	Social Services
Louisiana	Louisiana Department of Social Services	Social Services
Maine	Maine Department of Human Services	Social Services
Maryland	Maryland Department of Human Resources	Social Services
Massachusetts	Office of Child Care Services	Social Services
Michigan	Michigan Family Independence Agency	Social Services
Minnesota	Minnesota Department of Children, Families and Learning	Social Services
Mississippi	Mississippi Department of Human Services	Social Services
Missouri	Missouri Department of Social Services	Social Services
Montana	Montana Department of Public Health and Human Services	Social Services
Nebraska	Nebraska Department of Health and Human Services	Social Services
Nevada	Nevada Department of Human Resources	Social Services
New Hampshire	New Hampshire Department of Health and Human Services	Social Services
New Jersey	New Jersey Department of Human Services	Social Services
New Mexico	New Mexico Children, Youth and Families Department	Social Services
New York	Office of Children and Family Services	Social Services
North Carolina	North Carolina Department of Health and Human Services	Social Services
North Dakota	North Dakota Department of Human Services	Social Services
Ohio	Ohio Department of Human Services	Social Services
Oklahoma	Oklahoma Department of Human Services	Social Services
Oregon	Oregon Department of Employment	Workforce Agency

Lead Agencies

State Name	Lead Agency Name	Lead Agency Type
Pennsylvania	Pennsylvania Department of Public Welfare	Social Services
Puerto Rico	Puerto Rico Administracion de Familias y Ninos	Social Services
Rhode Island	Rhode Island Department of Human Services	Social Services
South Carolina	South Carolina Department of Health and Human Services	Social Services
South Dakota	South Dakota Department of Social Services	Social Services
Tennessee	Tennessee Department of Human Services	Social Services
Texas	Texas Workforce Commission	Workforce Agency
Utah	Department of Workforce Services	Workforce Agency
Vermont	Vermont Department of Social and Rehabilitation Services	Social Services
Virginia	Virginia Department of Social Services	Social Services
Washington	Washington Department of Social and Health Services	Social Services
West Virginia	West Virginia Department of Health and Human Resources	Social Services
Wisconsin	Wisconsin Department of Workforce Development	Workforce Agency
Wyoming	Wyoming Department of Family Services	Social Services

SECTION 1.3 AND 1.4

Will the Lead Agency __directly__ administer and implement __all__ programs funded under the Child Care and Development Fund? (CCDBG 658D(b)(1)(A) 658E(c)(3)(C)) *Is any entity named in response to 1.3 a __non__-governmental entity?*

- Sixteen (31%) of the 52 Lead Agencies will directly administer and implement all programs in the child care subsidy program.
- Thirty-four (94%) of the 36 Lead Agencies not directly administering and implementing the child care subsidy program administer all or a part of the provision of child care services through other entities, including state Departments of Health, Education, Public Assistance and Human Resources, social service agencies at the state and local level, voucher management agencies, private for-profit agencies, resource and referral agencies and other community agencies and tribal organizations.
- Thirty-five (97%) of the 36 Lead Agencies not directly administering and implementing the child care subsidy program administer all or a part of the activities to improve the quality of child care through other entities, such as state Departments of Education, Consumer and Industry Services, Human Resources, statewide resource and referral networks, local resource and referral agencies, universities, local management agencies and state child care associations.

The charts on the following pages indicate the organizations that administer part or all of the child care program through contracts with the Lead Agency in their state.

- Twenty-seven of the Lead Agencies that do not directly administer or implement part or all of the child care program use a non-governmental entity for those purposes.

Agency that Will Administer/Implement Child Care Services

State Name	**Other agency that will administer or implement all or part of the provision of child care services**
Alabama	Childcare Management Agencies
Alaska	Department of Community and Regional Affairs
California	Grants and contracts with local public, private, other state and federal agencies and tribal organizations
Colorado	County Boards of County Commissioners will designate a county agency.
Connecticut	Maximus (Private Organization) State Department of Education
Delaware	Department of Health and Social Services, Division of Management Services
Florida	Community Coordinated Child Care (4-C)
Georgia	Department of Human Resources Division of Family and Children Services Family Support Unit
Illinois	Contracts with governmental agencies, child care agencies and R&Rs
Indiana	Local CCDF plan established by the county Step Ahead Council designates an entity to manage the child care voucher program
Louisiana	Department of Education
Maine	Voucher management agencies
Massachusetts	Department of Social Services Department of Transitional Assistance
Michigan	Head Start/Michigan School Readiness Program grantees
Minnesota	County Social Services Agencies
Missouri	Department of Social Services
Montana	Resource and Referral agencies verify and authorize payment to child care providers, as well as accept family applications and determine eligibility for child care services
Nevada	The Children's Cabinet Economic Opportunity Board of Clark County
New Jersey	County Child Care Resource and Referral Agencies
New York	Local social service districts
North Carolina	County Departments of Social Services Local agencies under contract to the county
North Dakota	Association of Counties
Ohio	County departments of human services
Oregon	Adult and Family Services Division
Pennsylvania	Local Management Agencies Local County Assistance Offices
Puerto Rico	Contracted providers

These agencies administer all or part of the child care services with the Lead Agency (not listed).

Agency that Will Administer/Implement Child Care Services

State Name	**Other agency that will administer or implement all or part of the provision of child care services**
South Carolina	Department of Social Services Department of Disabilities and Special Needs Department of Education
Tennessee	Child Care Brokers
Texas	Local Workforce Development Boards may assume responsibility for services
Vermont	Various community based agencies, including child care centers, child care associations, community action agencies, family centers, and resource and referral agencies.
Virginia	Local Departments of Social Services Department of Mental Health, Mental Retardation and Substance Abuse Services Department of Housing and Community Development
Washington	Department of Community, Trade and Economic Development
West Virginia	Burlington Homes Resource and Referral Child Care Resource Center Link Child Care Resource and Referral Wyoming County Opportunity Council
Wisconsin	County Human/Social Service Agencies Amer. Indian tribes County Dept of Emplymnt and Trng YW Works Opportunities Indus. Center Forward Srvc Corp United Migrant Opportunities Srvcs Maximus Shawano Cty Job Center Kaiser Group Western Wisc. PIC Goodwill

These agencies administer all or part of the child care services with the Lead Agency (not listed).

Agency that Will Administer/Implement Quality Improvement Activities

State Name	Other agency that will administer/implement all or part of the quality improvement activities
Alabama	Childcare Management Agencies
Alaska	Division of Family and Youth Services Department of Community and Regional Affairs
California	Grants and contracts with local public, private, other state and federal agencies, resource and referral and tribal organizations
Colorado	First Impressions (Governor's Office) State Office of Resource and Referral Agencies County Boards of County Commissioners
Connecticut	Board of Trustees for Community/Technical Colleges United Way Child Care InfoLine University of Connecticut Cooperative Extension System Department of Public Health CT Commission on Children Capital Region Education Council
Delaware	Department of Services for Children, Youth and Their Families
Florida	Florida Children's Forum
Georgia	State Child Care Council
Illinois	Contracts and grants to governmental agencies, professional organizations, colleges and universities, child care agencies and R&Rs
Indiana	Local Step Ahead Councils (and their designees, as appropriate)
Kansas	Department of Health and Environment State Association of Child Care Resource and Referral Agencies
Louisiana	Department of Education
Massachusetts	Department of Social Services Department of Transitional Assistance Office for Children
Michigan	Community Child Care Coordinating Agencies Department of Consumer and Industry Services Department of Education Head Start grantees
Minnesota	Community agencies and organizations
Missouri	Department of Health Department of Elementary and Secondary Education
Montana	Combination of lead agency direct administration and contracted services
Nebraska	Department of Education
Nevada	Department of Human Resources Welfare Division will partner with State University, the Community College System, and other identified partners
New Jersey	Department of Human Services, Division of Family Development Child Care Resource and Referral Agencies

These agencies implement all or part of the quality activities with the Lead Agency (not listed)

Agency that Will Administer/Implement Quality Improvement Activities

State Name	Other agency that will administer/implement all or part of the quality improvement activities
New York	State University Community-based agencies City Department of Health Cornell University American Red Cross State child care coordinating council Human Resources Administration Office of Court Administration State Insurance Department
North Carolina	Quality activities will be implemented by a variety of local agencies, organizations, and institutions of higher education, resource and referral agencies, and Head Start
Ohio	The lead agency administers quality activities directly through the RFP/proposal/grant award process, indirectly through interagency agreements, and by direct purchase of, or reimbursement to the county department of human services for provider materials
Oregon	Portland State University Commission for Children and Families Department of Education
Pennsylvania	Local Management Agencies Resource and referral agencies
Puerto Rico	State Licensing Division
South Carolina	Department of Social Services
Tennessee	State University Child Care Broker and other contract agencies Department of Economic and Community Development
Texas	Local Workforce Development Boards may assume responsibility for quality activities
Utah	Office of Child Care in the Department of Workforce Services
Vermont	Various community based agencies, including child care centers, child care associations, community action agencies, family centers, and resource and referral agencies.
Virginia	Department of Information and Technology Information and Referral agencies School Systems Community Action Councils Local Departments of Social Services
Washington	Department of Health Department of Community, Trade and Economic Development
West Virginia	Governor's Cabinet on Children and Families Department of Maternal and Child Health Department of Education West Virginia University Cooperative Extension Services

These agencies implement all or part of the quality activities with the Lead Agency (not listed).

Agency that Will Administer/Implement Quality Improvement Activities

State Name	Other agency that will administer/implement all or part of the quality improvement activities
Wisconsin	R&Rs Child Care Improvement Project State Early Childhood Association State Child Care Information Center State Technical College System Other private agencies

These agencies implement all or part of the quality activities with the Lead Agency (not listed).

SECTION 2.1 - CONSULTATION

Describe the consultations the Lead Agency held in developing this Plan. At a minimum, the description must state what representatives of local governments (including tribal organizations when such organizations exist within the boundaries of the State) were consulted. (CCDBG 658D(b)(2))

The consultations held by Lead Agencies in the development of the State Plan demonstrated the desire in many states to involve a wide variety of organizations and individuals. Each state created a unique process for consultation, in many cases speaking at meetings of state and local providers, creating advisory committees and inviting members of the child care community to the state agency to review the plan. The chart on the following page shows the groups each Lead Agency reported consulting with in the process of developing their plans. Overall Lead Agencies consulted with:

- Other state agencies (48 Lead Agencies, or 92%)
- Providers (47 Lead Agencies or 90%)
- Advocacy groups (41 Lead Agencies or 79%)
- Local Government (40 Lead Agencies or 77%)
- Head Start (42 Lead Agencies or 81%)
- Parents (34 Lead Agencies or 65%)
- Educators/trainers (34 Lead Agencies or 65%)
- Tribal representatives (27 Lead Agencies or 52%)
- Employers (26 Lead Agencies or 50%)
- School boards/districts (16 Lead Agencies or 31%)
- State/local coordinating councils (17 Lead Agencies or 33%)
- Private health providers (11 Lead Agencies or 21%)
- Other (39 Lead Agencies or 75%)

Groups in the category of "other" include: Legislative Hearings, recreation and park service, state Interchurch conferences and other religious organizations, foundations, labor unions, programs for migrant children and their families, community agencies such as the United Way and other not-for-profit social service agencies, and Child Care Food Program sponsors.

SECTION 2.2 - COORDINATION OF SERVICES

Describe how the Lead Agency is coordinating the delivery of CCDF-funded child care services with other Federal, State, tribal (if applicable), and local child care, early childhood development programs, and before- and after- school care services. (CCDBG 658D(b)(1)(D))

Lead Agencies choose to coordinate with many different governmental and nongovernmental organizations to provide child care services throughout their states. In each state, the method and goal of the coordination strategy is different, but there are some common approaches. Different priorities and strategies have combined to create a myriad of coordinating partners and programs.

Consultation (Section 2.1)

State Name	Other State Agencies	CCR&R	Voucher Management Agencies	Private Health Groups/ Providers	Trainers/ Educators	Local Government	Advocacy Groups	Child Care Providers	Employers	State/ Local Coordinating Councils	School Boards	Head Start Programs	Parents	Tribal Representatives	Other Types of Agencies
Alabama	X					X	X	X				X		X	X
Alaska	X	X	X		X	X	X	X	X		X	X	X	X	X
Arizona	X	X			X	X	X	X	X	X	X	X	X	X	X
Arkansas	X	X			X	X	X	X		X	X	X	X		X
California	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Colorado	X	X				X	X	X				X	X	X	X
Connecticut	X	X			X	X	X	X	X	X	X	X	X		X
District of Columbia	X	X		X	X	X	X	X		X		X	X		X
Delaware	X				X	X	X	X	X			X			
Florida	X	X								X		X			X
Georgia	X	X			X		X	X				X	X		X
Hawaii	X	X			X	X	X	X	X	X		X	X		X
Idaho						X								X	
Illinois	X	X			X	X	X	X				X	X		X
Indiana			X					X		X			X		X
Iowa	X	X				X	X	X	X		X	X	X		X
Kansas	X	X			X	X	X	X	X	X	X	X	X	X	
Kentucky	X	X					X	X	X				X		X
Louisiana	X			X	X		X	X			X	X	X	X	X
Maine	X	X			X	X		X	X			X	X	X	X
Maryland	X	X				X	X	X				X			X
Massachusetts	X	X	X		X	X	X	X		X		X	X		
Michigan	X	X		X			X	X		X	X	X		X	
Minnesota	X	X			X	X	X	X	X			X	X	X	X
Mississippi	X				X	X		X				X	X	X	X
Missouri	X			X	X	X	X	X	X		X	X	X		X
Montana	X	X		X	X	X		X	X			X	X	X	X
Nebraska	X	X			X	X	X	X	X	X	X	X	X	X	
Nevada	X			X		X		X				X	X	X	X
New Hampshire	X	X						X	X			X			X
New Jersey	X	X	X	X	X	X	X	X	X	X		X			X
New Mexico	X					X								X	
New York	X	X			X	X	X	X	X		X	X	X	X	X
North Carolina	X	X			X	X	X	X						X	X
North Dakota		X				X	X	X				X		X	X
Ohio	X	X				X	X	X		X					X
Oklahoma	X				X		X	X	X					X	X
Oregon	X	X			X	X	X	X						X	X
Pennsylvania	X		X			X	X	X				X			X
Puerto Rico	X					X						X			
Rhode Island	X				X	X	X	X	X			X	X		X
South Carolina	X	X		X	X		X	X			X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tennessee	X					X			X						X
Texas			X		X	X	X	X			X		X	X	
Utah	X	X			X		X	X				X	X		X

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Consultation (Section 2.1)

State Name	Other State Agencies	CCR&R	Voucher Management Agencies	Private Health Groups/ Providers	Trainers/ Educators	Local Government	Advocacy Groups	Child Care Providers	Employers	State/ Local Coordinating Councils	School Boards	Head Start Programs	Parents	Tribal Representatives	Other Types of Agencies
Vermont	X	X	X		X		X	X		X		X	X		X
Virginia	X		X		X	X	X	X	X			X	X		X
Washington	X	X		X	X	X	X	X	X	X	X	X	X	X	X
West Virginia	X	X					X	X	X			X	X		
Wisconsin	X	X	X		X	X	X	X	X			X	X	X	
Wyoming	X	X			X	X	X	X	X			X		X	

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- Thirty-nine Lead Agencies coordinate with Head Start agencies to provide coordinated child care services through full-day services, wrap around programs, cross-auspice training for providers and parents and to coordinate regulation and monitoring of programs (AL, AZ, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IA, KS, LA, ME, MA, MI, MN, MO, MS, MT, NE, NJ, NM, NY, ND, OK, PA, PR, SC, SD, TN, VA, WA, WV, WI).

The Lead Agency in **Alaska** has a cost sharing agreement with different agencies involved in early childhood education training at the local and regional levels, including grants to Head Start programs for provider and parent training to non-Head Start parents and child care providers.

Through coordination with the Department of Public Instruction, **Delaware** integrates state-funded Head Start services with child care and other services for low income children.

Georgia's Lead Agency is coordinating with Head Start to identify and remove barriers preventing the use of Head Start services by families served by the Lead Agency. Head Start is being encouraged to provide extended day services, to blend Head Start and child care funds to expand services to families in need. The Lead Agency is also implementing local agreements to include Head Start in the range of options available to parents as they choose child care.

Through collaboration grants and other mechanisms, the Lead Agency in **New Mexico** collaborates with Head Start programs on training, increasing resources available for services and professional development.

In **Washington**, the Early Childhood Education and Assistance Program (ECEAP) and Head Start coordinate the development of program policies to ensure consistency for dual Head Start and ECEAP providers, and to coordinate the allocation of funds in order to equitably distribute early childhood funds across the state.

- Twenty-seven Lead Agencies administer or coordinate with the State Head Start Collaboration Project (AZ, AR, CA, CT, DC, ID, IL, KS, MD, MA, MI, MO, NE, NV, NH, NJ, NC, PA, SC, SD, TN, TX, UT, VA, WA, WV, WI).

Through the Head Start State Collaboration Grant, **New Hampshire** is seeking to enhance coordinated service delivery through community Head Start programs. The collaboration grant director has taken a lead role in discussions around the expansion of Head Start services to full-day programs and is working to identify joint training opportunities for both Head Start and child care professionals.

- Thirty-one Lead Agencies coordinate programs, activities, services and training opportunities with the State Department of Education or Public Instruction (AL, AZ, AR, CO, CT, DC, FL, HI, ID, IL, IA, KS, LA, MD, MA, MS, MO, NE, NM, NJ, NY, ND, OH, OK, PA, PR, SC, SD, TN, UT, WI).

Idaho's Lead Agency reviews grants in the state Department of Education, provides consultation on child care issues, and funds programs in local school districts that utilize a combination of funds.

Mississippi's Lead Agency coordinates with the Department of Education to develop a training curriculum for parents and providers.

Through an interagency agreement with the Department of Education, the Lead Agency in **Oklahoma** administers the School Lunch Program, including services to child care providers.

Collaboration efforts in **South Dakota** include the Parents as Teachers Home Visiting Program provided to families through the Department of Education.

- Thirty-two child care Lead Agencies coordinate with the Department of Health to improve immunization rates, provide training to providers, monitor compliance with health and safety regulations and improve the quality of child care programs (AL, AZ, AR, CA, CO, CT, DC, FL, HI, ID, IL, IA, KS, LA, MD, MA, MS, MO, NE, NV, NM, NJ, NY, OH, OK, PR, SC, SD, TN, UT, VA, WI). In addition, nineteen states administer or closely coordinate with the administering agency for the Health Systems Development in Child Care grant from the Maternal and Child Health Bureau to create statewide Healthy Child Care campaigns and to develop statewide networks for the delivery of health systems through child care programs (AK, AZ, AR, CA, CO, CT, DC, GA, IL, IA, KS, NV, NY, OH, OK, SC, SD, TN, WI).

The Maternal, Child and Family Health section of the Lead Agency in **Alaska** worked in collaboration with the Anchorage resource and referral agency to obtain a Health Systems Development in Child Care grant to provide a special needs child care coordinator who will conduct a statewide needs assessment and survey of families and child care centers. The coordinator will also coordinate training on inclusion.

The Lead Agency in **Colorado** is working with the Public Health Agency to enhance the quality of license-exempt family child care providers through the Child and Adult Care Food Program and the Health Systems Development in Child Care Project.

The Department of Health and the Lead Agency in the **District of Columbia** coordinate on lead screening and poison prevention, AIDS, sexually transmitted diseases, immunizations, EPSDT, maternal and child health, injury prevention and Healthy Start programs to provide training for child care staff and parents and to improve the health status of children.

In **Idaho**, the Lead Agency contracts with seven regional district health offices to monitor child care provider compliance with the state child care program health and safety standards. The health districts also provide for a health educator who is available to child care programs regionally for health consultation and technical assistance.

A partnership between the Lead Agency and the Department of Public Health in **Iowa** resulted in implementation of the Healthy Child Care Iowa initiative. Contracts have been let with five child care resource and referral agencies to establish a health advisory committee, conduct a statewide standardized needs assessment of health and safety issues in child care, and contract for a child care health consultant from a Child Health Agency to develop a plan to provide education, technical assistance and consultation on health and safety issues.

In **Puerto Rico**, the Lead Agency coordinates with the Department of Health on health and safety requirements, as well as in special joint projects in health care and immunizations and a project to provide prenatal care for children who will be in the child care subsidy program.

The Lead Agency in **Tennessee** coordinates with the Department of Health to recruit teen parents into the child care system, to review grants to programs for fire safety and environmental standards and a coordinated immunization effort.

- Twenty Lead Agencies coordinate directly with tribal communities to improve service delivery to dual-eligible children. Coordination of services includes sharing of resources, interagency service agreements and joint programs and regulations (AK, AZ, CA, ID, KS, ME, MI, MN, MT, NV, NM, ND, OK, OR, SC, SD, UT, WA, WI, WY).

In **Alaska**, the Lead Agency has shared new subsidy and rate schedules with tribal grantees and shares lists of families served through the different child care subsidy programs to identify eligible families in need of services. Through a state partner, the Lead Agency is involved with activities to coordinate with tribal grantees on the development and dissemination of culturally and geographically relevant consumer education materials.

The Lead Agency in **Arizona** meets with tribes to discuss child care issues and needs. The Lead Agency also provides funding for and participates in a Tribal Child Care Working Group.

Tribal organizations in **California** are given access to child care and development services and training programs, and materials and use of Trustline for clearance of license-exempt tribal child care providers.

The **Montana** Child Care Council has a Tribal CCDF Coordinator as a member to bring the general child care concerns of tribal communities to the council in order to ensure compatibility of programs between the state plan and tribal child care plans.

The Lead Agency in **Oregon** coordinates with tribal agencies through regional meetings and provides and coordinates technical assistance for tribal agencies applying for federal funds.

In **South Dakota**, the Lead Agency has facilitated coordination between state and tribal programs to build programs and to maximize resources. Efforts include state/tribal agreements and technical assistance focusing on licensing and program administration.

The Lead Agency in **Utah** works with tribal administrators to coordinate services and to share information on rates, eligibility criteria and early childhood development programs.

- Thirty-one Lead Agencies specifically include the agency in the state administering the Temporary Assistance to Needy Families program as a partner in coordination of service delivery (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, HI, IL, IN, KS, MA, MI, MS, MT, NE, NV, NM, NJ, NC, PA, RI, SC, SD, UT, VA, WA, WI).

The Child Care Administration in **Arizona** coordinates with the JOBS program and with the Family Assistance Administration to develop policy and procedures to ensure appropriate child care services are provided to TANF recipients.

In **Kansas**, the Lead Agency coordinates policy decisions with Income Maintenance and Employment Preparation Services within the Agency through regular meetings to discuss issues, concerns and changes.

The Lead Agency in **North Carolina** works with other state agencies to assess child care needs through welfare reform and to seek reinvestment of any savings from reform efforts into child care subsidies through a transfer from TANF to the Child Care and Development Fund.

- Twenty Lead Agencies coordinate with the school age care association or focus coordination efforts on school-age programs (AZ, AR, CA, CT, DC, GA, HI, IL, IN, KS, MA, MO, NV, NM, NJ, PA, SC, SD, UT, WA).

In response to a needs survey by the Lead Agency, the School-Age Care Association in **Georgia** will develop new before- and after-school programs.

In **Hawaii**, the Lead Agency supports the before- and after-school programs available within the Department of Education by offering both direct training programs to their staff and by funding Department of Education training of child care workers.

- Twenty-three agencies coordinate with the agency administering early intervention programs for children with disabilities through the Interagency Coordinating Council, Department of Education programs for children with special needs or other programs for children with special needs (AL, AK, AZ, AR, CA, CO, CT, DC, IN, IA, KS, ME, MA, NY, NC, OK, PA, PR, SC, SD, TX, WI, WY).

The Lead Agency in **Iowa** coordinates with Department of Education At-risk Preschools and Early Childhood Special Education Preschools through Wrap-Around Child Care grants. Activities include the utilization of child care providers as a child find mechanism for early intervention and increasing provider awareness of the services and resources available through the early intervention system. Early intervention funds are also granted to child care resource and referral agencies to encourage and support providers in caring for children with special needs by increasing the availability of adaptive equipment, developmentally appropriate resources and training materials.

In **New York**, the Lead Agency is working with the Department of Education to integrate child care and approved special education preschools to ensure the availability of coordinated, inclusive programs for children with special needs, including a videoconference training session.

The **North Carolina** Lead Agency provides administrative support to the Interagency Coordinating Council to coordinate services for children with special needs.

A collaborative agreement in **Puerto Rico** establishes a coordination effort with the Department of Health to meet the needs of families with infants and toddlers with special needs. The agreement provides for child care services for infants and toddlers with special needs, child care information for parents and development of a directory of child care services, and a mechanism to offer these families the benefits of resource and referral services.

Many states have used their strategy for coordination to include groups and community representatives who have not regularly been represented in child care discussions or to create opportunities to improve the quality of early childhood programs at the state level.

Arizona has an Interagency Data Sharing Committee with representatives from the Department of Education and the Department of Health Services to provide coordination, communication and consistency on issues to protect consumers and to improve child care quality.

To ensure coordination across the state, **Indiana** requires counties to demonstrate coordination at the local level before CCDF funding is made available. Local coordination may include public schools, Head Start, early intervention programs for infants and toddlers, county health departments, PIC programs, WIC programs, maternal and child health programs and mental retardation and mental health centers.

The **Iowa** Early Childhood Care and Education Congress is an annual event designed to help communities build collaborative teams to improve services and supports for young children and their families. The Congress is a multipartner endeavor supported financially and endorsed by public and private entities representing child care, community action agencies, early childhood programs, economic development, schools, universities, state child care and early childhood associations, advocacy groups, special education, and business and industry associations.

Missouri is developing basic guidelines for payment and application procedures for all child care programs, including early childhood, school-age, and wrap-around Head Start programs.

The Lead Agency in **North Carolina** works with a nonprofit corporation in a public/private partnership to fund local initiatives to provide child care subsidies, to create more child care spaces and to provide basic preventive health services to children.

School Districts in **Pennsylvania** are required to collaborate with Head Start programs to assure coordinated delivery of family-centered parent and child development and school transition services.

Virginia solicits input and shares information with Chambers of Commerce, businesses, local departments of social services, licensed and religious-exempt providers, school-age child care providers, statewide Information and Referral services, and all Head Start programs.

In addition to interagency coordination efforts, twenty-two Lead Agencies are part of efforts in their state to coordinate all activities related to early care and education. In some states, these committees advise the Lead Agency; in others, they report to the Governor's Office or to the State Legislature. Each has a different focus, with some committees charged with development and coordination of policy. Other committees have an oversight role of the agencies working in child care and other early care and education programs. In some states, two or more committees play a role in the coordination of the state child care system.

- State Child Care Advisory Committee (AZ)
- Early Childhood Commission (AR)
- Child Day Care Council (CT)
- Interagency Child Care Committee (DC)
- State Coordinating Council (FL)
- Department of Human Services Statewide Child Care Advisory Committee (HI)
- Child Day Care Advisory Council (IA)
- Statewide Child Care Education and Advisory Committee (KS)
- Child Care Advisory Council (ME)
- Child Care Administration Advisory Council (MD)
- Department of Health State Child Care Advisory Committee (MO)
- Child Care Council (MT)
- Child Care Advisory Committee (NH)
- Child Care Advisory Council (NJ)
- Early Childhood Advisory Committee (ND)
- Day Care Advisory Council and the Early Childhood Coordinating Committee (OH)
- Interagency Child Care Group (OR)
- Early Childhood Services Committee (UT)
- Child Care Services Advisory Board (VT)
- Child Care Coordinating Committee (WA)
- Governor's Cabinet on Children and Families (WV)
- Child Care Planning and Coordination Task Force (WY)

Lead Agency Partners in the Coordination of Services (Section 2.2)

State Name	Head Start	State Head Start Collaboration	Department of Education or Public Instruction	Department of Health	Health Systems in Child Care	Tribal Communities	Temporary Assistance to Needy Families	School-age Care Associations & Programs	Programs for Children with Special Needs
Alabama	X		X	X			X		X
Alaska	X				X	X	X		X
Arizona	X	X	X	X	X	X	X	X	X
Arkansas	X	X	X	X	X		X	X	X
California	X	X		X	X	X	X	X	X
Colorado	X		X	X	X		X		X
Connecticut	X	X	X	X	X		X	X	X
Delaware	X						X		
District of Columbia	X	X	X	X	X		X	X	X
Florida	X		X	X			X		
Georgia	X				X			X	
Hawaii	X		X	X			X	X	
Idaho	X	X	X	X		X			
Illinois	X	X	X	X	X		X	X	
Indiana							X	X	X
Iowa	X		X	X	X				X
Kansas	X	X	X	X	X	X	X	X	X

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State Name	Head Start	State Head Start Collaboration	Department of Education or Public Instruction	Department of Health	Health Systems in Child Care	Tribal Communities	Temporary Assistance to Needy Families	School-age Care Associations & Programs	Programs for Children with Special Needs
Kentucky									
Louisiana	X		X	X					
Maine	X					X			X
Maryland		X	X	X					
Massachusetts	X	X	X	X			X	X	X
Michigan	X	X				X	X		
Minnesota	X					X			
Mississippi	X		X	X			X		
Missouri	X	X	X	X				X	
Montana	X					X	X		
Nebraska	X	X	X	X			X		
Nevada		X		X	X	X	X	X	
New Hampshire		X							
New Jersey	X	X	X	X			X	X	
New Mexico	X		X	X		X	X	X	
New York	X		X	X	X				X
North Carolina		X					X		X

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State Name	Head Start	State Head Start Collaboration*	Department of Education or Public Instruction	Department of Health	Health Systems in Child Care	Tribal Communities	Temporary Assistance to Needy Families	School-age Care Associations & Programs	Programs for Children with Special Needs
North Dakota	X		X			X			
Ohio			X	X	X				
Oklahoma	X		X	X	X	X			X
Oregon						X			
Pennsylvania	X	X	X				X	X	X
Puerto Rico	X		X	X					X
Rhode Island							X		
South Carolina	X	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X				
Texas		X							X
Utah		X	X	X		X	X	X	
Vermont									
Virginia	X	X		X			X		
Washington	X	X				X	X	X	
West Virginia	X	X							
Wisconsin	X	X	X	X	X	X	X		X
Wyoming						X			X

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SECTION 2.3 -- PUBLIC HEARING PROCESS

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must include the date(s) of the hearing(s), how and when the public was notified Statewide of the hearing(s), and the hearing site(s). (CCDBG 658D(b)(1)(C))

Public Hearing Dates

The enclosed chart shows the dates of the public hearings[1] on the state plan for each state. Plans were required to be sent to the US Department of Health and Human Services by July 1, 1997. The chart demonstrates:

- The majority of Lead Agencies opted to hold the first (or only) date for hearings in May (20 states) and June (21 states).
- Nine Lead Agencies had their first or only date for public hearings in April.
- One state had its first hearing in January, and concluded the public hearing process four months later in May.
- One state set public hearings for July 15.
- Twenty-two Lead Agencies held all public hearings in the state in one day (AL, AK, DC, DE, FL, IN, KY, ME, MA, MT, NJ, NC, OH, OR, PA, RI, SC, SD, UT, VT, WV, WY).
- On average, Lead Agencies that did not hold all hearings on the same date allowed approximately seven days between the first and last public hearing date.
  - Twelve Lead Agencies (AZ, CA, CT, IL, LA, MS, NV, NH, PR, TN, TX, WI) report a period of five or fewer days between the first and last public hearing.
  - Six Lead Agencies (AR, GA, MD, NE, NY, WA) report a period of 6-8 days between the first and last public hearing.
  - Eight Lead Agencies (CO, HI, ID, IA, MI, MN, MO, OK) report a period of 9-20 days between the first and last public hearing.
  - Four Lead Agencies (KS, NM, ND, VA) report a period of more than 20 days between the first and last public hearing.

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[1] In addition to the public hearing, several states held focus groups with parents and providers, community roundtables, regional meetings and forums to develop the State Plan. These were spread over several months, and culminated in the public hearing(s).

Date(s) of Public Hearings

State Name	Lead Agency Name	First or only date for public hearing(s)*:	Date of last public hearing:
Alabama	Alabama Department of Human Resources	20-Jun-97	
Alaska	Alaska Department of Health and Social Services	10-Jun-97	
Arizona	Arizona Department of Economic Security	27-May-97	29-May-97
Arkansas	Arkansas Department of Human Services	03-May-97	09-May-97
California	California State Department of Education	15-May-97	20-May-97
Colorado	Colorado Department of Human Services	12-Apr-97	22-Apr-97
Connecticut	Connecticut Department of Social Services	05-May-97	08-May-97
District of Columbia	DC Department of Human Services	28-May-97	
Delaware	Delaware Department of Health and Social Services	19-May-97	
Florida	Florida Department of Children and Families	13-May-97	
Georgia	Georgia Department of Human Services	22-Apr-97	30-Apr-97
Hawaii	Hawaii Department of Human Services	22-May-97	10-Jun-97
Idaho	Idaho Department of Health and Welfare	19-May-97	29-May-97
Illinois	Illinois Department of Human Services	17-Jun-97	19-Jun-97
Indiana	Indiana Family & Social Services Administration	09-Jun-97	
Iowa	Iowa Department of Human Services	12-May-97	23-May-97
Kansas	Kansas Department of Social & Rehab. Services	01-Jan-97	21-May-97
Kentucky	Kentucky Department of Social Services	16-Apr-97	
Louisiana	Louisiana Department of Social Services	15-May-97	19-May-97
Maine	Maine Department of Human Services	21-Jun-97	
Maryland	Maryland Department of Human Resources	29-Apr-97	07-May-97
Massachusetts	Mass. Executive Ofc. of Health & Human Svcs.	27-Jun-97	
Michigan	Michigan Family Independence Agency	07-May-97	22-May-97
Minnesota	Minnesota Dept. of Children, Families and Learning	28-Apr-97	15-May-97
Mississippi	Mississippi Department of Human Services	12-May-97	16-May-97
Missouri	Missouri Department of Social Services	28-May-97	06-Jun-97
Montana	Montana Department of Public Health & Human Svcs.	03-May-97	

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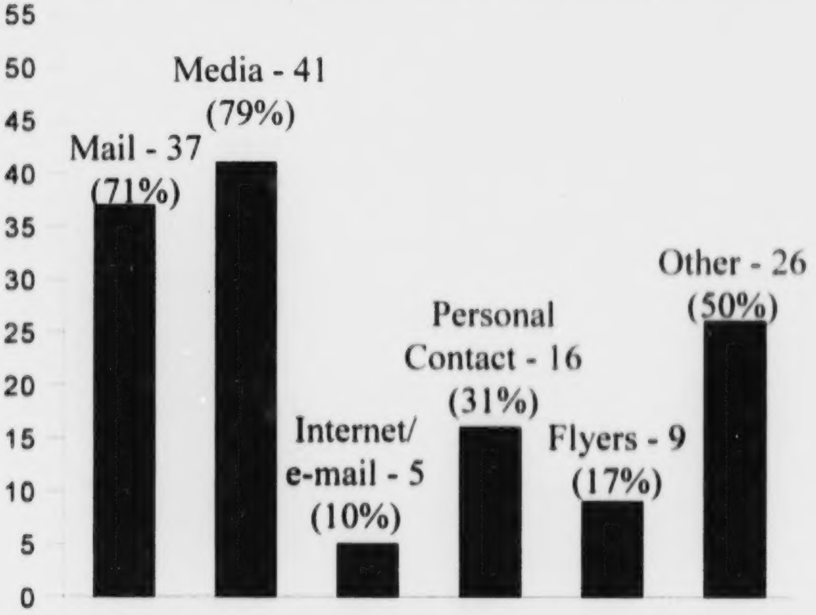
Date(s) of Public Hearings

State Name	Lead Agency Name	First or only date for public hearing(s)*:	Date of last public hearing:
Nebraska	Nebraska Department of Health and Human Services	11-Jun-97	18-Jun-97
Nevada	Nevada Department of Human Resources	19-Jun-97	23-Jun-97
New Hampshire	New Hampshire Dept. of Health and Human Services	09-Jun-97	12-Jun-97
New Jersey	New Jersey Department of Human Services	18-Jun-97	
New Mexico	New Mexico Children, Youth and Families Department	30-Apr-97	11-Jun-97
New York	New York State Department of Social Services	01-May-97	07-May-97
North Carolina	North Carolina Dept. of Health and Human Services	21-May-97	
North Dakota	North Dakota Department of Human Services	23-Apr-97	20-May-97
Ohio	Ohio Department of Human Services	16-Jun-97	
Oklahoma	Oklahoma Department of Human Services	05-May-97	15-May-97
Oregon	Oregon Department of Employment	12-Jun-97	
Pennsylvania	Pennsylvania Department of Public Welfare	29-Apr-97	
Puerto Rico	Puerto Rico Administracion de Familias y Ninos	02-Jun-97	06-Jun-97
Rhode Island	Rhode Island Department of Human Services	05-Jun-97	
South Carolina	South Carolina Dept. of Health and Human Services	15-Jul-97	
South Dakota	South Dakota Department of Social Services	18-Jun-97	
Tennessee	Tennessee Department of Human Services	16-Jun-97	20-Jun-97
Texas	Texas Workforce Commission	20-Jun-97	24-Jun-97
Utah	Department of Workforce Services	11-Jun-97	
Vermont	Vermont Dept. of Social and Rehabilitation Services	25-Jun-97	
Virginia	Virginia Department of Social Services	05-Apr-97	26-Apr-97
Washington	Washington Department of Social and Health Services	05-Jun-97	12-Jun-97
West Virginia	West Virginia Dept. of Health and Human Resources	17-Jun-97	
Wisconsin	Wisconsin Department of Workforce Development	27-May-97	28-May-97
Wyoming	Wyoming Department of Family Services	07-May-97	

* If a Lead Agency held all public hearings on the same day throughout the State, the date is only entered in the first column.

Notification of Public Hearings

The chart on the following page shows the methods of public notification chosen by each Lead Agency. While these descriptions (mail, media, Internet, personal contact, flyers and other) capture the general categories of notification used by Lead Agencies, the actual method of public notification reported in the Plans showed extreme variance.


Method of Notification for Public Hearings

The methods of public notification used by Lead Agencies include:

- Publication of notice in state equivalent of *Federal Register*
- Announcements at statewide meetings and conferences
- Postings at libraries
- Notification at public forums and focus groups
- Notices in advocate, provider and parent newsletters
- Surveys
- Community roundtables
- Postings in local agency and program offices, including Head Start, child care providers, community agencies, and community branches of other state agencies
- Publicized through R&R, licensors, Child Care Coordinating Committee and other children's advocacy group
- Posters at the Lead Agency where parents review licensing files.

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Method of Public Notification

State Name	Mail	Media	Internet	Personal Contact	Flyers	Focus Groups	Other
Alabama	X	X					
Alaska	X	X					X
Arizona	X	X		X	X		X
Arkansas	X	X					X
California	X		X	X			
Colorado	X	X					X
Connecticut	X	X					
District of Columbia	X			X	X		X
Delaware	X	X					
Florida	X	X			X		
Georgia	X	X		X	X		
Hawaii		X		X			X
Idaho		X					X
Illinois	X						
Indiana	X	X					
Iowa		X		X			
Kansas	X	X					X
Kentucky	X			X			
Louisiana		X					
Maine		X		X			
Maryland	X			X	X		
Massachusetts						X	X
Michigan		X	X				
Minnesota							X
Mississippi	X	X		X			
Missouri	X	X		X			X
Montana	X	X			X		X
Nebraska	X	X					X
Nevada					X		X
New Hampshire		X					X
New Jersey	X	X		X			X

Method of Public Notification

State Name	Mail	Media	Internet	Personal Contact	Flyers	Focus Groups	Other
New Mexico	X	X					X
New York	X	X					X
North Carolina	X	X		X			
North Dakota		X		X			X
Ohio		X					X
Oklahoma	X					X	
Oregon	X		X				
Pennsylvania		X		X			X
Puerto Rico	X	X					
Rhode Island	X	X					
South Carolina							
South Dakota	X	X			X		X
Tennessee	X	X					X
Texas	X	X	X	X			X
Utah	X	X					X
Vermont	X	X				X	
Virginia	X	X					
Washington	X	X	X		X		X
West Virginia	X	X					
Wisconsin	X	X					
Wyoming		X					

SECTION 2.4 -- PUBLIC-PRIVATE PARTNERSHIPS

Describe the activities, including planned activities, to encourage public-private partnerships which promote private-sector involvement in meeting child care needs.

Every state is involved in public-private partnerships to improve the quality and build the supply of child care. Every Lead Agency has taken a different approach to these projects, both in terms of outreach to potential partners and in the types of projects launched with private sector partners. Partners include resource and referral agencies, state and local chambers of commerce, professional associations, foundations, and numerous local employers. In several states, local communities have the lead for forming public-private partnerships (IN, KS, TX). At the state level, there are a variety of goals and outcomes of the collaborative efforts. Both state initiated and community-based models are highlighted in this section.

Local Community Leadership

Indiana

> The Step Ahead process has been designed to expand and encourage corporate and community involvement in developmental child care. The local planning process involves bringing together, not only representatives of local health and human service agencies, but also consumers and representatives from businesses, community fund raising and service organizations, and local government in order to meet the Step Ahead requirements for funding and program implementation at the local level. Corporate involvement at the state level is demonstrated by membership on the state Step Ahead panel.
>
> Seventeen communities participate in the Indiana Symposium on Child Care Financing. This on-going project is aimed at mobilizing the private sector at the community level to provide leadership and resources and to forge on-going partnerships among public agencies, the private sector, and families, with the goal of improving the quality and supply of child care for all working families. To achieve this goal, the organizers of the Symposium first invited county-based teams of public and private sector leaders to define child care projects for their communities. Once these plans were formulated, teams were offered access to national and state experts, state officials, and philanthropic and corporate mentors from whom they gained assistance in carrying out their local initiatives.
>
> Guided by the Symposium, county teams have produced significant results in the past year. Their achievements and works in progress include several new or refurbished child care centers; two employer-supported funds to invest in training and other measures to improve child care quality; a loan fund for family child care providers; and a mentoring program for infant care providers; employee surveys; "tool kits" of child care information for employers; and press and television coverage.

Kansas

The Lead Agency will help communities identify child care needs, support existing programs, plan new programs, help establish public-private partnerships, and provide technical assistance and incentives to develop and expand programs.

Texas

The Lead Agency sponsors Local Dependent Care Conferences/Forums through the Work and Family Policies Clearinghouse. The Clearinghouse also sponsors projects to facilitate local solutions among employers and provides technical assistance and information to employers. Local Workforce Development Boards, which were created to implement the state welfare reform initiative and manage child care funds, are required to have 51% private sector representation.

Increase the Availability of Child Care

The Lead Agency in **Alaska** works with the Hotel/Airport Building on Community Capacity Project to develop partnerships between local child care facilities and businesses to extend child care program hours to accommodate a variety of employee work schedules with in-kind contributions from area employers.

In **Arkansas**, the Lead Agency works with business groups to promote private participation in the child care system.

The Lead Agency in **California**, through collaboration with the California Child Care Resource and Referral network, works to increase the availability of licensed family child care providers as part of the Child Care Initiative project. State funds are matched at a rate of 2:1 with private corporation or foundation funds.

The Lead Agency in the **District of Columbia** facilitates meetings between housing developers and child care providers to encourage builders to provide child care facilities in low-income neighborhoods on a voluntary basis. The Developer Initiative has resulted in the building of at least six child care centers in very low income communities. The Lead Agency has also launched a collaborative effort with the Housing Authority and Resident Councils to increase center-based and family child care in public housing units.

The **Illinois** Lead Agency contributes to the M.O.S.T. (Making the Most of Out-of-School Time) initiative in the city of Chicago. The DeWitt Wallace Foundation provides primary support for the initiative to one of the lead agencies of the Cook County child care resource and referral agency.

In **Indiana**, the Indiana Donors Alliance, representing 70 community foundations, has agreed to become the home of the Indiana Child Care Fund. The Fund will continue efforts, started by the Child Care Action Campaign and the lead agency, to raise corporate, foundation, and individual contributions to improve child care throughout the state. The Fund Advisory

Board includes parents and representatives of government, foundations and corporations, and the early care and education community.

Through the statewide Child Care Resource and Referral system, **Iowa** has greatly expanded business and private sector involvement in meeting child care needs. One example of successful public/private partnerships is ChildNet, which is a cooperative partnership between business and community-based child care resource and referral agencies to help stimulate the supply of child care while providing comprehensive child care options to employers to help address absenteeism, productivity and retention of employees. More than 40 employers support ChildNet, providing enhanced services to nearly 20,000 employees.

The Lead Agency in **Louisiana** has begun to partner with community child care providers and local organizations, such as a hotel/motel association, a coalition of housing developers who rent apartments to low-income families, and a casino. In these partnerships, the child care provider will provide services, the community organization provides on-site space, and the Lead Agency provides funding and other resources, such as training.

In **Massachusetts**, employers with 50 or more employees must establish a dependent care assistance program, or an employer may offer employees child care assistance or on- or near-site subsidized child care placements.

The Legislature in **Minnesota** established a grant and loan program for $1 million to enhance and expand child care sites, to encourage private investment in child care and early childhood education sites, to promote availability of quality, affordable child care statewide and to provide cooperation between private nonprofit child care organizations, family child care and center providers and the Department. This legislation is a result of the Roundtable on Child Care and Early Education Facility and Business Development.

The Lead Agency in **Nevada** is working with the State Resort Association to initiate a partnership to set up a fund to provide child care services through subsidies to welfare recipients and other at-risk employees placed on jobs within the resort areas. The plan includes opportunities for each resort to contribute and to partner with the state to support child care services.

In **Oklahoma**, the Lead Agency plans to offer community grants to match local resources to address child care problems such as care during non-traditional hours, sick child care, transportation, and to support the goals of the community.

In **Pennsylvania**, the Allegheny Early Childhood Initiative brings together private industry, public and private resources to expand the availability of child care.

The Lead Agency in **South Dakota** coordinates the activities of five regional Early Childhood Enrichment Programs which work closely with local businesses to expand services to meet the needs of employers, including a survey of three large employers in the state to determine the need for child care for their employees.

In **Wisconsin**, start-up grants are targeted at employers who want to offer child care services to their employees.

Quality Improvement

In **California**, the Program for Infant/Toddler Caregivers, a train-the-trainer model to improve infant and toddler care, was created through a collaborative relationship with foundations and other private funds.

In **Rhode Island**, the Permanent Legislative Commission on Child Care resulted in the Quality 2000 grant, a collaboration of early care and education professionals and other partners to promote quality child care, facilitate accreditation, and educate parents about the components of quality care. This three-year effort is funded by the Rhode Island Foundation, state departments, and provider associations.

Recruitment and Professional Development

The Lead Agency in **Arizona** is facilitating a collaborative effort between the State Head Start Collaboration Project, Head Start grantees, early childhood professional associations, and resource and referral agencies to formalize recruitment, training, and job placement of TANF recipients in early care and education positions.

The Lead Agency in **California** has individual and foundation support to develop strategies and combat structural barriers to recruiting, training and retaining providers. This effort includes the development of a new career matrix and associated child development permits.

In **Colorado**, corporate support is available for scholarships for child care professional development through the TEACH program.

Through the Early Care and Education Consortium, **Delaware** launched a collaborative fund raising project which resulted in funding of a provider training initiative by a large private corporation. Information on this initiative will be shared with other corporate leaders around the state.

The Family Child Care Initiative in the **District of Columbia** is a partnership among organizations, city agencies and private corporations to provide support, training and technical assistance to providers.

In **Illinois**, the TEACH Early Childhood Program is funded through collaborative agreements with corporations, centers and providers to improve quality through caregiver education, consistency of care and improved caregiver compensation.

In **New Mexico**, corporate partners will help raise resources for training of providers on brain development.

The **New York** State Career Development Initiative, a group of public agencies and private organizations, works to improve the quality of services through the establishment of a career development system.

In **Pennsylvania**, the Philadelphia YMCA Initiative and the Washington county initiative, which includes the United Way and Head Start programs, collaborate with public and private resources in the community to provide comprehensive training and support to welfare recipients to help them enter the child care field.

Commissions to Improve Child Care Policy

In **Alaska**, local associations of Business and Professional Women, local Chambers of Commerce and major employers will be invited to participate as members of an independent committee to examine the financing structures for child care and early education from a business point of view.

In **Arizona**, a public-private collaboration with a corporation, a consulting firm, a professional association, and state agencies has been formed to survey salaries and benefits in the early childhood field.

The Governor of **Colorado** created the *Business Commission on Child Care Financing* and a new state Commission on Early Care and Education to advise on all early care and education policy issues, with a primary focus on continued private sector involvement in meeting child care needs.

The **District of Columbia** formed an Early Childhood Collaborative to create a continuum of child development and child care services integrated with family support services. Collaborative includes city agencies, public schools, Head Start grantees and private entities.

In **Florida** the Governor appointed a Child Care Executive Committee comprised of business leaders to increase the involvement of private industry in the subsidized child care system. The Committee has raised $2 million in matching funds to expand services to working poor families and named January 1997 "Child Care Make It Your Business Month."

The Lead Agency in **Kentucky** has identified an external group of business and community leaders, legislators, and representatives from other state agencies with child care concerns. These individuals offer statewide representation for planning and coordinating local and statewide child care initiatives. The statewide external group was consulted prior to development of the State Plan and the lead agency plans to continue to seek input from this external group on child care matters.

In **Ohio**, the Early Childhood Coordination Committee will establish a sub-committee to facilitate a statewide approach to public-private partnership development. The efforts of this committee will focus on gathering information on what is already occurring across the state, identify successful ventures and make recommendations for replicating these efforts. The committee will investigate what other states have done well and evaluate their potential effectiveness in Ohio.

The Partnership Committee of the **Washington** State Child Care Coordinating Committee works to: encourage expansion of work/family programs, promote tax incentives for private sector investment in child care, promote work/family programs in coordination with the Public Engagement Campaign, expand target grants and loans to employers employing TANF recipients, develop options to include peer and micro lending in the family home market that will accommodate odd-hours care, and market the HOME project in Spokane as a model for other employers.

The **West Virginia** *Business Champion's Group* reviews early childhood public awareness materials targeted to both business and human services consumers. The group is made up of business people and also reviews family friendly policies in an effort to encourage business to develop policies that enable their employees to better balance home and work. The planning group has recommended that resource and referral agencies conduct studies of employers whose employees use subsidies; make employers more aware of benefits available from the state for supporting child care; develop consumer education materials on work force development topics, involve more business representatives; include public recognition of businesses with family friendly policies, and start a loan fund with matching dollars from businesses.

Incentives and Tax Credits for Employers

Alaska provides support for the provision of incentives and recognition to local businesses who assist in providing child care services and supports the expansion of efforts to electronically link public agencies and private businesses to existing databases to streamline services to individuals and families.

Employers in **Arkansas** will have access to a state tax credit when they develop on-site child care facilities. Also available from the Lead Agency through this program will be a technical assistance packet, formal outreach to all communities which have developed new industry, and access to child care grants and contracts.

The Lead Agency in **Connecticut** operates a tax credit program that provides credit for businesses which provide direct child care financial assistance, renovate or build new centers on or near their business location, and/or provide direct financial assistance that supports parenting education.

The **District of Columbia** has designated areas throughout the city known as Development Zones and Enterprise Communities. In these areas, there are tax incentives to rent facilities at or below market rate to non-profit child care centers.

Through the **Illinois** Facilities Fund, which provides tax exempt bonds for building child care centers, the Lead Agency was able to facilitate the creation of seven new centers. The Lead Agency plans to subsidize the newly created slots.

In **Tennessee**, the Corporate/Community Partnership Child Care grant is designed to encourage and reward corporate involvement in financing child care for employees. Other state grants to develop the supply of child care are designed to encourage local financial support from government housing authorities, JTPA agencies or private funds.

Technical Assistance to Employers

The *Child Care Options Kit* has been developed to provide information to employers in **Illinois** on ways they can support the child care needs of their employees and is used by resource and referral agencies at employer breakfasts to encourage business involvement.

In **Maine**, employers can receive enhanced referral services from Child Care Resource Development Centers, with expanded follow-up and consultation to employees. Employers may also contract for technical assistance on selecting the most appropriate child care option for the business.

The **Massachusetts** Corporate Child Care program provides technical assistance and outreach to employers who may be interested in providing a child care benefit to employees.

The Lead Agency in **Michigan** contracts with community agencies to provide information to employers/employees on activities related to child care such as on-site care, child care spending accounts, parental leave, flexible work schedules and child care clients. In addition, the state Jobs Commission operates a child care clearinghouse which produces an informational packet on child care for businesses and provides information on how businesses can be child care friendly.

In **Nebraska**, businesses will be encouraged to offer a variety of child care opportunities to employees ranging from the development of flexible, family-oriented policies to development of on-site child care programs or to assist in the establishment or expansion of existing programs in the community. New and existing businesses will be encouraged to develop child care benefit packages for employees. Schools, churches, and community action agencies will be encouraged to sponsor or provide child care services.

New Jersey has telephone consultations and a comprehensive packet of informational resources for employers interested in developing family supportive benefits (including on- or off-site child care). The Lead Agency also provides technical assistance to interested employers, including information on licensing and makes safety inspections by the licensing agency available to employers considering specific space to provide on- or near site centers.

Through the Work and Family Resource Center, the Lead Agency in **New York** provides information and technical assistance on the range of options for employer-supported child care and on financing the establishment and operation of child care centers.

In **Ohio**, local Child Care Resource and Referral agencies provide enhanced resource and referral services to employees, provide educational sessions for employees and managers on the availability of care in the local community, and host business roundtables on child care issues.

The Lead Agency in **Oregon** has developed an employer tool kit to help employers develop family friendly policies, a quarterly newsletter, *Smart Moves* for employers which addresses the benefits and options of family friendly policies and recognition awards through the "Families in Good Company" project.

In **Puerto Rico**, the Lead Agency provides employers with information regarding the establishment of child care services, provides technical assistance to agencies regarding options in child care, such as grants and contracts or certificates, promotes employer assistance services in resource and referral programs and continues to provide technical assistance and printed materials to employers interested in opening child care centers for employees.

The Lead Agency in **South Carolina** is working to develop an "Employer's Guide to Child Care Assistance" to encourage employers to recognize employees' child care needs and the impact on the work force if child care needs are unmet. The Lead Agency will also make child care assistance options available to employers and employees.

The **South Dakota** Lead Agency, and Industry and Commerce Associations continue to distribute "Kids First with South Dakota Business," employer guides to be used as a resource tool for businesses interested in exploring child care options for their employees.

The Lead Agency in **Vermont** participates in the Vermont Child Care Fund. The Fund has developed a public awareness campaign targeted to businesses called Child Care Counts, and the Vermont Business Magazine has established a *Business Honor Roll* and *Child Care Champions* to recognize businesses that have family friendly practices and to enroll business leaders in supporting child care in their communities financially. A Child Care Summit with state business leaders is planned to develop an action plan to address barriers to business community support for child care.

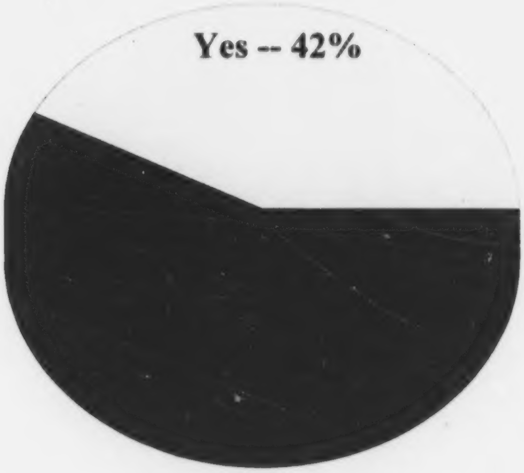
SECTION 3.1 - DESCRIPTION OF CHILD CARE SERVICES

In addition to offering certificates, does the Lead Agency have grants or contracts for child care slots?

All states must use certificates to allow parents to choose the provider of their choice. In addition, thirty-two (62%) Lead Agencies (AL, AZ, AR, CA, CO, CT, DC, DE, FL, IL, IN, KY, LA, ME, MD, MA, MS, MT, NV, NH, NJ, NM, NY, NC, OH, OR, PA, PR, SC, VA, WA, WI) use some grants and contracts to provide care for school-age children before and after regular school hours, infants and toddlers, children with special needs, and children in protective services. Grants and contracts are also used to provide drop-in care and extended day/full year programs in collaboration with Head Start.

The Lead Agency must allow for in-home care, but may limit in-home care to only those situations in which payment for such care is reasonably similar to payments for other categories of care. (CCDBG 98.16(a)(7)(ii), 98.30(e)(1)(iv)) *Does the Lead Agency limit the use of in-home care in this way?*

Does the Lead Agency limit the use of in-home care?



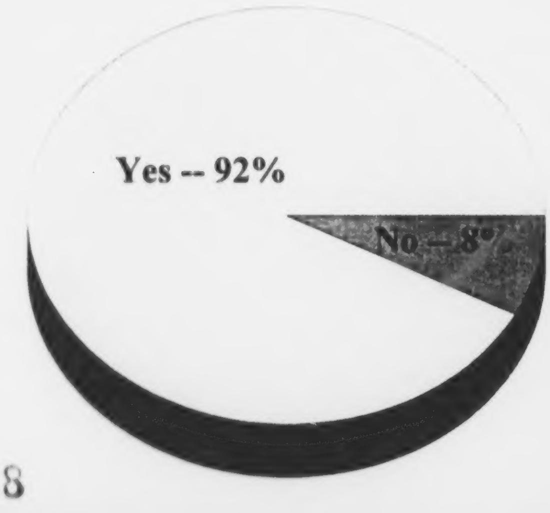
Twenty-two Lead Agencies (AL, AR, CT, DE, HI, ID, IA, ME, MT, NE, NH, NY, NC, ND, OH, PA, PR, RI, SD, VA, WV and WI) limit the use of in-home care.

Thirty Lead Agencies (AK, AZ, CA, CO, DC, FL, GA, IL, IN, KS, KY, LA, MD, MA, MI, MN, MS, MO, NV, NJ, NM, OK, OR, SC, TN, TX, UT, VT, WA and WY) do not limit the use of in-home care.

Are all of the above child care services (including certificates) offered throughout the entire service area? (CCDBG 658E(a))

Only Arizona, Colorado, Maryland and North Carolina report that all child care services are not available in all parts of each state.

- In Arizona, child care certificates are available throughout the state, but services



through contracts are not available in ten counties.

- Only 3 counties in Colorado offer contracts, although certificates are offered throughout the state.

- In Maryland, all localities have the option of contracting for direct services, but none are currently doing so.

- North Carolina offers child care services through vouchers throughout the state. Head Start Wrap-Around services are not available in 62 counties.

SECTION 3.2 - PAYMENT RATES FOR THE PROVISION OF CHILD CARE

The following is a summary of the facts relied on by the State to determine that the rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs.

- Fifty Lead Agencies (96%) report in the State Plan that they rely on a market rate survey to create a rate structure that ensures that children receiving child care services through the Child Care and Development Fund have equal access to child care services as children not funded through the child care subsidy system. Of these, twelve Lead Agencies (23%) conducted or plan to conduct the market rate survey in 1997. The chart on the following page shows the year in which each Lead Agency conducted or plans to conduct the market rate survey.

- Twenty-six Lead Agencies (50%) report that they reimburse rates up to 75th percentile of the market rate for some or all types of care, based on type of care, age of the child, area of the state and hours of care (AK, AZ, AR, CA, CT, DE, FL, HI, ID, IL, IN, KS, MD, MI, MT, NE, NY, OH, OR, PA, SC, SD, TX, UT, VA, WI).

- Lead Agencies report paying higher rates for certain types of care.
  - ◆ One Lead Agency pays a differential to providers who care for mildly ill children (CO).
  - ◆ Two Lead Agencies pay a differential for care during non-traditional hours (CO, PA).
  - ◆ Eight Lead Agencies pay a higher rate to providers who meet national accreditation standards or meet stringent state standards (CT, KY, MN, MS, NM, NC, SC, WI).
  - ◆ Twelve Lead Agencies authorize a higher rate for providers caring for children with special needs (AK, CT, KY, LA, ME, MD, MN, MS, MT, OH, SD, WI).

The payment rates for child care in licensed or regulated centers in each state are included in the chart on the following pages. In some cases, the rates in the state vary by geographic area. In these cases, the rate for the region, county, zone or district that includes the largest city in the state has been given. For states where it was not possible to determine which category included the largest city, the highest rate in the state has been given.

Year of Market Rate Survey

State Name	Year of Market Rate Survey:
Alabama	1996
Alaska	1996
Arizona	1990
Arkansas	1997
California	1997
Colorado	1995
Connecticut	1991
District of Columbia	1993
Delaware	1996
Florida	1997
Georgia	1994
Hawaii	1996
Idaho	1995
Illinois	1993
Indiana	1995
Iowa	1996
Kansas	1995
Kentucky	1996
Louisiana	1997
Maine	1997
Maryland	1997
Massachusetts	1994
Michigan	1994
Minnesota	1997
Mississippi	1995
Missouri	1996
Montana	1996
Nebraska	1997
Nevada	1996
New Hampshire	1994
New Jersey	1994
New Mexico	1997
New York	1994
North Carolina	1994
North Dakota	1996
Ohio	1993
Oklahoma	1996
Oregon	1995
Pennsylvania	1994
Puerto Rico	NA
South Carolina	1995
South Dakota	1996
Tennessee	1996
Texas	NA
Utah	1997
Vermont	1997
Virginia	1997
Washington	1994
Wisconsin	1996
Wyoming	1996

** Where "NA" appears, State did not provide this information.*

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Reimbursement Rates

Maximum reimbursement Rates for children served full-time in licensed or regulated child care centers.

State Name	Do rates vary by county or other local area?	Age Range (Infants)*	Rate	Age Range (Toddler)*	Rate	Age Range (Preschool)*	Rate	Age Range (School-Age)*	Rate	Notes
Alabama	Yes	Infant/ Toddler	$82/week			Preschool	$74/week	Schoolage	$68/week	Rates vary by region Rate for Gulf Regional area given
Alaska	Yes	Infant	$583/month	Toddler	$550/month	Child	$492/month			Rates vary by area Rate for Anchorage, Mat-Su area given
Arizona	Yes	Birth to 1 year	$19 80/day	1 year to <3 years	$17/day	3 years to <6 years	$15/day	6 years to <13 years	$15/day	Rates vary by district Rates for District I given
Arkansas	Yes	Infant	$$16/day	Toddler	$15/day	Preschool/ Day Care (40 hours)	$14 20/day	Schoolage (Before and After School)	$7/hour	Rates vary by county Rate for Pulaski-South County given
California	Yes	Under 2 years	$185/week	2-5 years	$130/week			6 years and older	$120/week	Rates vary by county Rate for San Francisco county given
Colorado	Yes	Under 2	$20 43-23 13/ day	2 and over	$14 71/day			Before and After school	$8 09/day	Rates vary by county Rate for Denver county given
Connecticut	Yes	Infant/ Toddler	$160/week			Preschool	$115/week	Schoolage	$105/week	Rates vary by region Rate for Region A given
Delaware	Yes	0-12 months	$90 75/week	13-24 months	$80 05/week	Over age 2	$71 50/week			Rates vary between New Castle, Kent and Sussex Rate for New Castle given
District of Columbia	No	6 weeks to 2 years	$21 10/day	2-4 years	$18 55/day	5 to 14 years	$14 85/day	5 to 14 years, before and after school	$9 25/day	
Florida	Yes	0-12 months	$115/week	13-23 months	$110/week	24-35 months	$95/week	3-5 years	$93/week	Rates vary by District Rate for District 9 given Additional rates for school age (summers and holidays)
Georgia	Yes	6 weeks to 12 months	$85/week	13-35 months	$75/week	3-6 years	$65/week	Before and After School (including pre-K)	$45/week	Rates vary by Zones Rate for Zone 1 given
Hawaii	No	Regular	$350/month	Before school	$65/month	After school	$100/month	Summer and Intersession	$350/month	
Idaho	Yes	0-12 months	$400/month	13-30 months	$330/month	31-60 months	$320/month	61-72 months	$303 00	Rates vary by Region Rate for Region I given Additional rates for children 73 months and above
Illinois	Yes	Under 2 5 years	$31 99/day	2 5 years and older	17 26/day			School age day	11 22/day	Rates vary by Group Rate for Group I (includes Cook County) are given
Indiana	Yes	Infant	$42 25/day	Toddler	$35/day	3-4 years	$29/day	5 years	$29/day	Rates vary by county Rate for Marion County given Additional rates for kindergarten, school-aged school year and school-aged summer
Iowa	No	Infant and Toddler	$11 50/half-day			Preschool	$9 50/half-day	Schoolage	$8 50/half-day	A half-day unit is up to 5 hours of care per 24 hour period
Kansas	Yes	0-12 months	$2 51/hour	1 year to 2 5 years	$2 49/hour	2 5 years to 6 years	$1 88/hour	6-13 years	$1 77/hour	Rates vary by SRS area Rate for Wichita given
Kentucky	Yes	Infant/ Toddler	$16/day			Preschool	$15/day	Schoolage	$14/day	Rates vary by region Rate for Central Region given
Louisiana	No	All ages	$13/day							
Maine	Yes	Infant	$128/week	Toddler	$116/week	Preschool	$116/week	Before/After School	$55/week	Rates vary by county Rate for Cumberland County given
Maryland	Yes	Infant	$711/month	2 and over	$377/month					Rates vary by region Region BC (Baltimore City) given

Reimbursement Rates

State Name	Do rates vary by county or other local area?	Age Range (Infants)*	Rate	Age Range (Toddler)*	Rate	Age Range (Preschool)*	Rate	Age Range (School-Age)*	Rate	Notes
Massachusetts	Yes	0-1 25 years	$43/day	1 25-2 75 years	$38/day	2 75-5 years	$29/day	5-13 years	$16 50	Rates vary by region Rate for Region VI - Metro given
Michigan	Yes	0-30 months	$2 95/hour	Above 30 months	$2 40/hour					Rates vary by shelter area Rate for Shelter Area VI given
Minnesota	Yes	Infant	$125/week	Toddler	$110/week	Preschool	$100/week	Schoolage	$93 75	Rates vary by county Rate for Hennepin County given
Mississippi	Yes	Infant	$77/week	Toddler	$77/week	Preschool	$72/week	Schoolage (summer)	$66/week	Rates vary by Tiers Tier I rates given
Missouri	Yes	Infant	$17 50/day			Preschool	$15 30/day	Schoolage	$15 30/day	Rates vary by county, with a statewide rate used in some counties Statewide rate given
Montana	No	Infant	$16/day	Regular	$14 50/day					
Nebraska	Yes	Infant	$22 50/day	Toddler	$20/day	Preschool	$20/day	Schoolage	$17/day	Rates are statewide, with the exception of Lincoln and Omaha Districts Statewide rate given
Nevada	Yes	Under 1 year	$5/hour	1 to 2 years	$5/hour	2 to 6 years	$5/hour	6 years and older	$5/hour	Rates vary for three counties and rural areas Rate for Clark County given
New Hampshire	No	Child under Age 3	$18/day	Child age 3 or over	$16 70/day					Rates for non-contract licensed care given
New Jersey	No	Infants/ Toddlers	$123 40/week	2 to 2 5 years	$123 40/week	2 5 to 5 years	$101 80/week	5-13 years	$101 80/week	
New Mexico	Yes	6 weeks to 12 months	$18/day	13 to 24 months	$16/day	3-5 years	$15/day	6-13 years	$13/day	Rates vary by metro and rural area Rate for metro areas given
New York	Yes	Under 18 months	$43/day	18 months to 2 years	$43/day	3-5 years	$30/day	6-12 years	$30/day	Rates vary by county Rate for Bronx, Kings, Manhattan, Queens and Richmond counties given
North Carolina	Yes	Infant/ Toddler	$368/month	2 years	$329/month	3-5 years	$303/month	Schoolage	$301/month	Rates vary by county Counties with fewer than 75 private paying children per age group are paid at the statewide rate Statewide rate given
North Dakota	No	Infants	$2 15/hour	Non-infants	$1 95/hour					
Ohio	Yes	Infant	$105 00/week	Toddler	$95/week	Preschool	$85/week	Schoolage	$80/week	Rates are statewide, with exception of 18 counties with different rates Statewide rate given
Oklahoma	No	0-24 months	$303/month	25-72 months	$260/month			73 months or older	$217/month	Rates given are for a five day week Higher rates paid for six or seven day weeks
Oregon	Yes	0-12 months	$495/month	1 year to 30 months	$480/month	31 months to 5 years	$350/month	6 years or older	$350/month	Rates vary by groups of zip codes Rate for group area A is given
Pennsylvania	Yes	Infant	$29/day	Toddler Young Old	$28/day $24/day	Preschool	$21/day	Schoolage Young Old	$19/day $19/day	Rates vary by county Rate for Philadelphia County given
Puerto Rico	No	Infant	$175/month	Toddler	$175/month	Preschool	$125/month	School-age	$80/month	School-age rates are "full-time," which is equal to more than five hours of care per day
Rhode Island	No	1 week to 3 years	$98/week	3 years to 6 years	$74/week	6-12 years (school in session)	$32/week	6-12 years (school out of session)	$64/week	
South Carolina	Yes	0-2 years	$67/week			3-5 years	$65/week	6-12 years	$60/week	Rates are by urban or rural area Rate for urban areas is given
South Dakota	Yes	Under age 3	$1 80/hour			3 years and older	$1 65/hour			Rates are statewide, with exception of two counties with higher rates Statewide rate given

Reimbursement Rates

State Name	Do rates vary by county or other local area?	Age Range (Infants)*	Rate	Age Range (Toddler)*	Rate	Age Range (Preschool)*	Rate	Age Range (School-Age)*	Rate	Notes
Tennessee	Yes	Infant	$72/week	2 and over	$65/ week					Rates are by urban, semi-urban, and rural counties Rate for urban counties given.
Texas	Yes	0-17 months	$22.53/day	18-36 months	$19.15/day	36 months-6 years	$19.92/day	6 years and up	$18.25/day	Rates are by child care management service area Highest rate for each category given
Utah	Yes	0-24 months	$18/day	2 years and 3 years	$14.50/day	4 years and 5 years	$13/day	6 years to <13 years	$13/day	Rates are by urban or rural area Rate for urban areas given.
Vermont	No	Under age 3	$18.84/day	Over age 3	$16.74/day					
Virginia	Yes	Infant	$177/week	Toddler	$175/week	Preschool	$152/week	School-age	$144/week	Rates vary by county Rate for Fairfax County given
Washington	Yes	Infants	$31.82/day	Toddler	$25.23/day	Preschool	$21.77/day	School-age	$20.45/day	Rates vary by region Lead Agency supplied rates
West Virginia	No	0-24 months	$13/day	25 months and up	$11/day					
Wisconsin	Yes	0-2 years	$5.34/hour	2-12 years	$4.34/hour					Rates vary by county Rate for Milwaukee County given
Wyoming	No	0-2 years	$2.50/hour	2-3 years	$2.25/hour	4-5 years	$2.14/hour	6-12 years	$2/hour	"Center" is care for 12 or more children

* The definitions for each range vary by state, which may lead to a particular range being left blank for some states. Blank spaces do not imply that a state is not serving children in that range.

Rates provided are the maximum rate for full-day licensed or regulated care in child care centers. Age ranges given are set by the State.

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A sample of the summaries of other facts relied upon by each Lead Agency to ensure equal access is provided below.

In **Arizona**, payment rates are set at the 75th percentile of local market rates and differentiate between center and home-based care, different ages of children in care, and full or part time care. Reimbursement may be for the actual cost of care up to the maximum for categories in local areas. There are variable reimbursement rates by geographical area. A pilot is being developed to reimburse for care provided by non-certified relative providers at a fixed rate, regardless of age of child or geographic area.

The Lead Agency in **California** pays up to 1.5 standard deviations from the regional mean market rate of what non-subsidized families are charged. Approximately 93% of providers fall into this payment range.

The Lead Agency in **Hawaii** defines "affordable child care arrangements" as child care with a copayment for parents of no more than 10% of the family's income. The goal of the State Plan is to assure that parents receiving child care subsidies, who choose providers with rates at 75% or below the median child care rate, will have a copayment equal to no more than 10% of the family's monthly income.

In **Kentucky**, the Lead Agency created a payment structure that varies by type of provider, age and needs of the child and geographic area, with differentials built in such as: providers accredited by the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care (NAFCC) may receive up to $1 per day beyond the maximum rate for the same type of care; an additional $1 per day beyond the maximum rate may be paid for special needs children or for care during non-traditional hours, if that amount is charged to the general public.

The market rate survey conducted by the Lead Agency in **Louisiana** gathered data on the age groups served, rates charged for each age group, cost of care for children with special needs, registration fees, transportation fees and other data. Care for children with special needs can be reimbursed at a rate 25% higher than the rate for children without special needs to offset additional costs such as specialized facilities, a lower staff/child ratio or specially trained staff to meet the child's physical or developmental needs.

In **Massachusetts**, the Lead Agency set market rates at the 55th percentile for each region. Higher rates are paid to programs delivering comprehensive services such as child care to families receiving protective services, court-based care and care for the children of teen parents. Higher rates are based on market rate plus negotiated or estimated costs.

The Lead Agency in **Mississippi** created a system of tiered rates based upon the category of care, the age of the child and additional costs of providing care for infants and children with special needs as well as transportation. Tier II is equal to 75 percent of weekly rates; Tier I reflects a 10 percent increase over Tier II, and is reserved for those licensed and regulated providers who meet stringent standards established by the Lead Agency. Tier III is equal to one-half of the Tier II reimbursement rates.

Pennsylvania reports in the State Plan that rates are set at the 75th percentile of the market rate with differentials for type of care, age of child and on a county-by-county basis. For non-traditional hours care, the maximum rate may increase by 10%.

In **Wisconsin**, each county does a rate survey of all licensed facilities. Maximum rates are set at the 75th percentile to ensure that 75% of the slots in each type of care in a county can be purchased at or below the maximum. There are separate maximum rates for children under age two and those two and over. There are also different rates for Level 1 and Level 2 certified family child care providers (Level 1 at 75%, Level 2 at 50%). Rates up to 10% above the county maximum are paid to accredited facilities to give parents access to the highest quality care. In-home care is paid at minimum wage. Counties establish rates above the maximum for special needs children on a case-by-case basis when providing services will result in an increased cost to the provider.

SECTION 3.3 - ELIGIBILITY CRITERIA FOR CHILD CARE

By statute, all eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (CCDBG 658E(c)(3)(B), 658P(4))

Each state defines the income eligibility limits for families receiving a child care subsidy. In their Plan, each Lead Agency defines the dollar amount that reflects 85% of the State Median Income;[2] a dollar amount defined as "very low income"[3]; and the dollar amount used to define eligibility if it is less than 85% of the State Median Income used by the state.

The chart on the following page shows the income level for each state at 85% of State Median Income (SMI). In addition, each Lead Agency reports: 1) the upper income level for "very low income," as defined by the state and 2) the upper income levels used to limit eligibility *only if* the upper income limit is less than 85% of the State Median Income for a family of three. Each income category is also presented as a percentage of State Median Income.

The chart demonstrates:

- For a family of 3, "Less than 85% of SMI"[4] is:
    - ✦ 80 to 84% of SMI for 1 Lead Agency (2%)
    - ✦ 70% to 79% of SMI for 11 Lead Agencies (21%)
    - ✦ 60% to 69% of SMI for 8 Lead Agencies (15%)
    - ✦ 50% to 59% of SMI for 15 Lead Agencies (29%)
    - ✦ 40% to 49% of SMI for 7 Lead Agencies (13%)
    - ✦ Nine Lead Agencies indicated they do not set income eligibility limits lower than 85% of the SMI. In these states, families with incomes up to 85% of the State Median Income are eligible for services.

- For a family of 3, "very low income" is:[5]
    - ✦ More than 60% of SMI for 2 Lead Agencies (4%)
    - ✦ 50% to 59% of SMI for 9 Lead Agencies (17%)
    - ✦ 40% to 49% of SMI for 11 Lead Agencies (21%)
    - ✦ 30% to 39% of SMI for 17 Lead Agencies (33%)
    - ✦ 20% to 29% of SMI for 5 Lead Agencies (10%)
    - ✦ Less than 20% of SMI for 6 Lead Agencies (12%)

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[2] The statute does not specify the year states should use when calculating State Median Income.

[3] The statute requires that priority must be given for services provided to children of families with very low family incomes (taking into consideration family size) and to children with special needs.

[4] One Lead Agency did not provide enough information to determine this category.

[5] Two Lead Agencies did not provide information in this category. Percentages may not add to 100% due to rounding.

Income Eligibility Criteria (Family of Three)

For each state, the maximum annual income at which a family is eligible for services is highlighted.

State Name	State Annual Median Income from State Plan+	85% of State Median Annual Income from State Plan	85% of State Median Annual Income as a Percent of 1997 Federal Poverty	Annual Income Eligibility Level if lower than 85% of SMI	Income Eligibility Level lower than 85% of SMI as a percent of SMI	Very low Income (Annual) ++	Very low income as a percent of SMI
Alabama	$35,054	$29,796	224%	**$17,328**	49%	$17,316	49%
Alaska	$44,993	**$38,244**	229%			$16,224	36%
Arizona	$37,412	$31,800	239%	**$18,000**	48%	$13,332	36%
Arkansas	$30,668	$26,068	196%	**$18,401**	60%	$12,267	40%
California	$40,052	$34,044	255%	**$30,036**	75%	$20,028	50%
Colorado	$42,353	$36,000	270%	**$24,648**	58%	$17,328	41%
Connecticut	$52,207	$44,376	333%	**$39,168**	75%	$13,056	25%
District of	$41,859	**$35,580**	267%			$17,784	42%
Delaware	$35,873	$30,492	229%	**$20,124**	56%	$4,056	11%
Florida*	*	*	*	*	*	*	*
Georgia	$37,878	$32,196	242%	**$24,276**	64%	$22,728	60%
Hawaii	$45,981	$39,084	255%	**$34,488**	75%	$15,336	33%
Idaho	$29,478	$25,056	188%	**$19,476**	66%	$13,332	45%
Illinois	$43,638	$37,092	278%	**$21,816**	50%	$13,092	30%
Indiana	$39,656	$33,708	253%	**$25,332**	64%	$19,992	50%
Iowa	$39,741	$33,780	253%	**$20,664**	52%	$16,668	42%
Kansas	$38,696	$32,892	247%	**$25,404**	66%	$20,592	53%
Kentucky	$31,906	$27,120	203%	**$17,724**	56%	$5,328	17%
Louisiana	$34,800	**$29,580**	222%			$13,320	38%
Maine	$38,226	**$32,492**	244%			$13,210	35%
Maryland	$48,678	$41,376	310%	**$22,440**	46%	$9,204	19%
Massachusetts	$49,722	$42,264	317%	**$33,252**	67%	$23,172	47%
Michigan	$44,485	$37,812	284%	**$26,064**	59%	$9,708	22%
Minnesota	$45,699	$38,844	291%	**$34,272**	75%	$10,992	24%
Mississippi	$25,878	**$21,996**	165%			$12,996	50%
Missouri	$42,240	$35,904	269%	**$17,784**	42%	$8,088	19%
Montana	$32,951	$28,008	210%	**$24,660**	75%	$5,256	16%
Nebraska	$35,506	$30,180	226%	**$23,292**	66%	$13,848	39%
Nevada	$42,056	$35,748	268%	**$31,536**	75%	$13,332	32%
New Hampshire	$43,256	$36,768	276%	**$21,408**	49%	$18,672	43%
New Jersey	$51,584	$43,846	329%	**$26,660**	52%	$19,995	39%
New Mexico	$31,228	$26,544	199%	**$23,412**	75%	$17,580	56%
New York	$41,167	$34,992	263%	**$26,964**	65%		

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Income Eligibility Criteria (Family of Three)

State Name	State Annual Median Income from State Plan+	85% of State Median Annual Income from State Plan	85% of State Median Annual Income as a Percent of 1997 Federal Poverty	Annual Income Eligibility Level if lower than 85% of SMI	Income Eligibility Level lower than 85% of SMI as a percent of SMI	Very low Income (Annual) ++	Very low income as a percent of SMI
North Carolina	$37,454	$31,836	239%	**$28,092**	75%	$28,092	75%
North Dakota	$34,518	**$29,340**	220%			$3,456	10%
Ohio	$39,346	$33,444	251%	**$20,004**	51%	$8,400	21%
Oklahoma	$32,584	**$27,696**	208%			$18,000	55%
Oregon	$38,838	**$33,012**	248%			$12,756	33%
Pennsylvania	$42,240	$35,904	269%	**$31,320**	74%	$13,332	32%
Puerto Rico	$18,056	**$15,348**	115%			$9,036	50%
Rhode Island	$42,184	$35,856	269%	**$24,660**	58%	$13,320	32%
South Carolina	$36,593	$31,104	233%	**$16,224**	44%	$12,984	35%
South Dakota	$35,506	$30,180	226%	**$20,004**	56%	$13,332	38%
Tennessee	$35,393	$30,084	226%	**$19,464**	55%	$15,024	42%
Texas	$36,649	$31,152	234%	**$27,480**	75%	$19,992	55%
Utah	$37,694	$32,040	240%	**$21,108**	56%	$12,984	34%
Vermont	$32,584	$27,696	208%	**$25,920**	80%	$13,332	41%
Virginia**	$42,028	$35,724	268%	**$22,668**	54%	$13,332	32%
Washington	$41,520	$35,292	265%	**$23,328**	56%	$9,864	24%
West Virginia	$24,988	$21,240	159%	**$18,744**	75%	$9,996	40%
Wisconsin	$41,139	$34,968	262%	**$21,996**	53%	$21,996	53%
Wyoming	$42,155	$35,832	269%	**$17,736**	42%	$15,996	38%

+ State Annual Median Income is based on information provided by each Lead Agency in the Plan

+ + No entry in this category means the state did not report the information.

* *Information for* **Florida** *is based on the family's income being below 150% of the Federal Poverty Level (FPL).*

The household is eligible to stay in care until income reaches 185% of the FPL and is as follows:

	150% of FPL	100% of FPL	185% of FPL
Florida	$19,476	$12,984	$24,084

** *Income levels in* ***Virginia*** *(income eligibility lower than 85% of SMI) differ by locality and are based on the Federal Poverty Level (FPL).*

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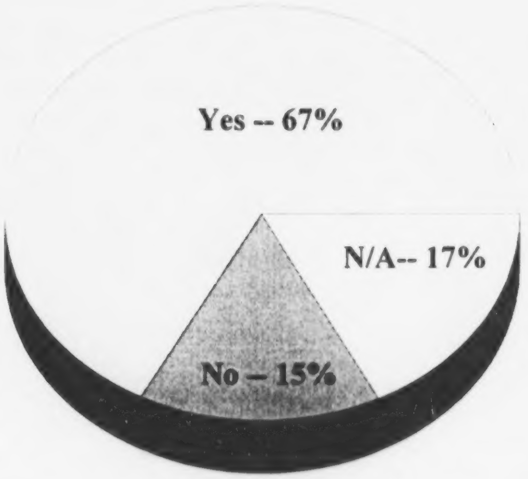
Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services? (CCDBG 658P(4) 658E(c)(3)(B))



- Thirty-five Lead Agencies waive the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services (AL, AZ, AR, CA, DC, DE, GA, HI, IN, IA, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NY, OH, OK, PR, SC, SD, TX, VT, WA, WV, WI).

- Eight Lead Agencies do not waive the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services (CT, FL, ID, IL, OR, PA, VA, WY).[6]

- For nine Lead Agencies, this is not applicable because child care funded through the CCDF is not provided in cases in which children receive or need to receive protective services (AK, CO, MD, MN, NC, ND, RI, TN, UT).

Does the Lead Agency allow child care for children age 13 and above who are physically and/or mentally incapable of self-care? (CCDBG 658P(4), 658E(c)(3)(B), 98.20(a)(1)(ii))

- Forty-eight Lead Agencies (92%) allow care for children 13 and above who are incapable of self care, with the upper age limit ranging from 14-21 years of age. Arizona, Florida, Ohio and Wisconsin do not allow care for children 13 and above who are incapable of self-care.

- Thirty-three Lead Agencies (63%) allow care for children 13 and above who are under court supervision, with the upper age limit ranging from 17-19 (AK, CA, CT, DE, GA, HI, ID, IL, IN, KS, KY, LA, MA, MI, MS, MO, MT, NE, NM, NY, NC, ND, OK, PR, RI, SD, TN, TX, UT, VT, VA, WV, WY).

SECTION 3.4 - PRIORITY RULES FOR CHILDREN

The Lead Agency must give priority for child care services to children: with special needs; of families with very low incomes. In addition to prioritizing services for these children does the Lead Agency have any ***additional*** *priority rules or categories?* (CCDBG 658E(c)(3)(B))

- Thirty-three Lead Agencies (63%) have defined additional priority rules and categories, including priorities for teen parents, children and families receiving or in need of receiving protective services, and families participating in the state Temporary Assistance to Needy Families (TANF) program. Other areas of priority include infants and toddlers, children at risk of abuse or neglect and homeless children (AL, AK, AZ, AR, CA, CT, DE, DC, FL, HI, IA, KS, KY, ME, MD, MA, MS, MO, MT, NV, NJ, NM, NY, OH, OR, PR, SC, SD, TN, TX, VA, WV, WY).

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[6] The Lead Agency in Illinois does not administer child care subsidies for protective services.

SECTION 3.5 - SLIDING FEE SCALE FOR CHILD CARE SERVICES

A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family.

The chart on the following page shows the monthly income level at which the full fee is required, whether a Lead Agency waives the fee for families at or below poverty, and the minimum and maximum copayments required by the Lead Agency.

The chart demonstrates that the Lead Agencies use three general categories to determine the family co-pay:

- Fourteen Lead Agencies set the family co-pay as a percentage of the cost of care (AK, AR, DE, FL, HI, ID, KY, LA, MI, NV, NC, NC, SD, VT). The percentage of care paid by the families varies from a minimum of 1% of the cost of care in Vermont to a maximum of 90% of the cost of care at the top of the income scale in Idaho.

- Thirty-two Lead Agencies set a flat amount at each step of the sliding fee scale for parents to pay (AL, AZ, CA, CO, CT, GA, IL, IN, IA, KS, MD, MA, MN, MS, MO, MT, NE, NJ, NY, OK, OR, PA, PR, RI, SC, TN, TX, UT, WA, WV, WI, WY). These amounts range from a minimum payment of $.05 per hour per child in Wyoming to a maximum payment of $491 per month in Minnesota.

- Two Lead Agencies set the co-pay as a percentage of income (ME, VA). In Maine, the sliding fee scale ranges from two percent of gross income to 10 percent; in Virginia, families with one child pay 10 percent of their gross income up to the income eligibility cutoff point.

- Four Lead Agencies use a combination of these methods to determine the family share of the cost of care (DC, NH, NM, OH).

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (CCDBG 658E(c)(3)(B))

- Twenty-three Lead Agencies (44%) use additional factors to determine the family's contribution to the cost of child care, including the number of children the family has in care, the number of hours the child or children are in care, the fee as a proportion of the gross or adjusted family income, and whether the child in care has special needs (AK, AZ, CT, IL, KY, ME, MD, MO, NE, NJ, NC, OK, PA, PR, RI, SC, SD, TX, UT, VT, VA, WV, WI).

Sliding Fee Scales

State Name	Monthly Upper Income Level at Which Maximum Fee is Required*	Fee is Waived for (All, None, Some) Families at or Below Poverty?	Minimum Family Fee (full-time rate)	Maximum Family Fee (full-time rate)
Alabama	$1,858	Some	$5.00 (weekly)	$72.50 (weekly)
Alaska	$3,187	Some	3% of cost of care	75% of cost of care
Arizona	$1,500	Some	$.50 (daily)	$3.00 (daily)
Arkansas	$1,533	All	No fee	80% of fee
California	$2,149	All	$2.00 (daily)	$10.00 (daily)
Colorado	$2,000	Some	$176.00 (monthly)	$200.00 (monthly)
Connecticut	$3,263	Some	No fee	$326.33 (monthly)
District of Columbia	$1,827	None	$7.00 per week	70% of fee plus $1.00 per child per week
Delaware	$1,677	All	1% of cost of care	46% of cost of care
Florida	$2,001	None	$.80 (daily)	$9.60 (daily)
Georgia	$2,023	Some	$5.00 per week + $3.00 each additional child	$40.00 per week + $20.00 each additional child
Hawaii	$2,874	All	0% of cost of care up to $350	20% of cost of care up to $280
Idaho	$1,623	Some	2% of cost of care	90% of cost of care
Illinois	$1,818	None	$2.00 (weekly)	$55 (weekly)
Indiana	$2,056	All	$0 (daily)	$10.00 (daily)
Iowa	$2,025	All	$0 (half-day fee, daily)	$6.00 (half-day fee, daily)
Kansas	$2,055	Some	$24	$223 (monthly)
Kentucky	$1,477	Some	$0	$8.00 (daily) to 8.75 (daily) (two or more children)
Louisiana	$2,465	All	0% of cost of care	70% of cost of care
Maine	$2,708	Some	2% of gross income	10% of gross income
Maryland	$1,534	Some	$3.00	$209
Massachusetts	$2,771	Some	$1.00 (weekly)	$114 (weekly)
Michigan	$2,172	Some	5% of max rate for care	70% of max rate for care
Minnesota	$2,856	Some	$22 (monthly)	$491 (monthly)
Mississippi	$1,833	Some	$10.00 (monthly)	$153 to $158 (monthly) (two children in care)
Missouri	$1,482	Some	$1per year	$4.00 (daily)
Montana	$2,055	Some	$5	$308/15% co-pay
Nebraska	$1,333	All	$12 (monthly) (two children in care)	$334 (monthly) (two children in care)
Nevada	$2,628	Some	10% of cost of care	85% of cost of care
New Hampshire	$1,889	Some	$0	$0.50 per week per child + 34% of daily cost of care
New Jersey	$2,777	None	$9.10 (monthly)	$294.90 (monthly)
New Mexico	$2,278	Some	$0	$116 plus 19% of income over $1,150

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Sliding Fee Scales

State Name	Monthly Upper Income Level at Which Maximum Fee is Required*	Fee is Waived for (All, None, Some) Families at or Below Poverty?	Minimum Family Fee (full-time rate)	Maximum Family Fee (full-time rate)
New York	$2,247	Some	$26/week	$91/week
North Carolina	$2,341	Some	9% of cost of care	9% of cost of care
North Dakota	$2,445	Some	10% of cost of care	10% of cost of care
Ohio	$2,055	Some	$15	10% of family's adjusted monthly income
Oklahoma	$1,500	Some	$2.00 (monthly)	$201 (monthly)
Oregon	$2,087	Some	$25	$632
Pennsylvania	$2,610	Some	$5.00	$65
Puerto Rico	$1,279	All	$8.00 (monthly)	$45.00 (monthly)
Rhode Island	$2,055	Some	$5/week	$23/week
South Carolina	$1,893	None	$11 (weekly)	$11 (weekly)
South Dakota	$2,055	All	5% of cost of care	85% of cost of care
Tennessee	$2,111	Some	$5 to $9 (for two children)	$32 to $56 (for two children)
Texas	$3,000	Some	$27 to $33 (for two children) (monthly)	$270 to $330 (for two children) (monthly)
Utah	$1,759	Some	$10 to $15 (for two children)	$255 to $281 (for two children)
Vermont	$2,160	All	1% of the cost of care	40% of cost of care
Virginia	$1,889	Some	10% of gross income to 12% of gross income (two or more children)	10% of gross income to 12% of gross income (two or more children)
Washington	$1,944	None	$10.00	$392
West Virginia	$1,562	Some	$.15 (daily)	$8.00 (daily)
Wisconsin	$2,348	None	$9.00 (weekly)	$91 (weekly)
Wyoming	$1,334	None	$.05 per hour per child	$.50 per hour per child

* Where Lead Agency provided information on an annual income, income was divided by 12 and reported as "monthly." All data is for family of 3.

** Some Lead Agencies waive fee for some families at or below poverty.

States may have more than one fee scale (i.e., families living in different counties may pay different fees).

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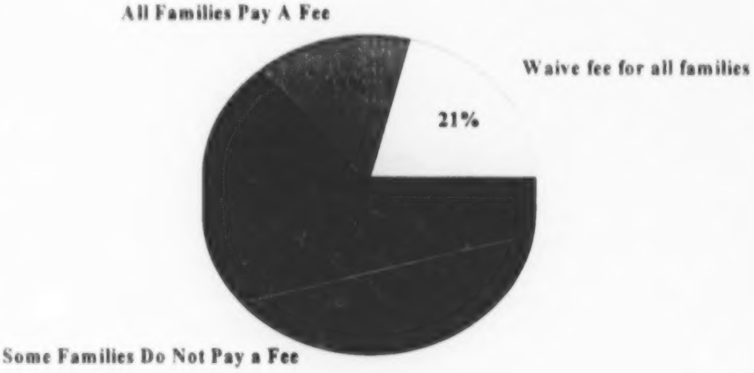
Is the same sliding fee scale used in all parts of the State? (CCDBG 658E(c)(3)(B))

- Forty-nine Lead Agencies (94%) use the same sliding fee scale throughout the State. Only Alaska, New York and Virginia do not use the same scale throughout the entire state.

The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (CCDBG 98.42(c))

- Eleven Lead Agencies (21%) waive fees for all families at or below poverty (AR, CA, DE, HI, IN, IA, LA, NE, PR, SD, VT).

- Eight Lead Agencies (15%) require all families at or below poverty to pay a fee (DC, FL, IL, NJ, SC, WA, WI, WY).



- Thirty-three Lead Agencies (63%) do not require some families at or below poverty to pay a fee (AL, AK, AZ, CO, CT, GA, ID, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, TN, TX, UT, VA, WV).

SECTION 3.6 - CERTIFICATE PAYMENT SYSTEM

A child care certificate means a certificate, check or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for chid care services from a variety of providers (including center-based, group home, family and in-home child care), or, if required, as a deposit for services. (CCDBG 658E(c)(2)(A)(iii), 658P(2))

Describe the overall child care certificate payment process, including, at a minimum:

A description of the form of the certificate:

Each Lead Agency is required to issue certificates as one means to help parents pay for child care services. In most states, the certificate is the authorization for care to be provided. While the format of the certificate varies, the certificates generally include the name of the parent, the name of the child authorized for services, effective date, expiration date, type and hours of care authorized, level of reimbursement, amount of parent co-pay and rules for payment. In some cases, providers or parents are required to fill in the amount of time the child used care in a particular time period and return the form to the Lead Agency.

Several states stipulate in their Plans and in their regulations that payment made through the certificate is assistance to the parent, not to the provider. Some states also use the certificate as a self-certification by a license-exempt provider that the care provided complies with health and safety standards. The examples below illustrate the different formats for the certificate, the information included and different ways in which the certificate is administered.

In **Alaska**, the child care certificate is in the form of an Authorization. The public assistance case worker or the local administrator of child care must sign it before it is effective. It states the days and hours of care authorized and the terms of the agreement. Authorizations are issued for up to four months so that eligibility factors may be reviewed periodically as appropriate in each parent's situation.

The certificate in **Georgia** is a multi-party agreement among the parent/guardian, child care provider, and local County Department of Family and Children Services. The certificate details the conditions and terms of the agreement for carrying out the child care plan so all parties will have a clear understanding of their responsibilities.

The **Idaho** Child Care Program pays for child care subsidies by a state check process. A state check is written with a co-endorsement to the parent and provider. The check is mailed to the parent unless otherwise specified.

In **Minnesota**, the letter indicating approval of a child care assistance application serves as the child care certificate.

The certificate or voucher in **Nevada** is issued to the parent by the contractor's computer system after a child care eligibility worker has entered all of the required data. The certificate includes: the amount the program will pay to the provider, the time frame for which the certificate is valid, the name of the provider chosen by the parent, information about the parent, the funding source, the name of the parent's case manager, the child's vital information, the approved child care schedule, the daily rate and a place for the parent's signature.

In **Pennsylvania**, when care is located and a Provider Agreement is in force, a "Service Authorization and Fee Agreement" form is issued by the local management agency to the non-TANF parent which authorizes payment to the provider chosen by the parent. The certificate is usually issued for up to one year, unless circumstances warrant a shorter period. The amount of the certificate is the actual market rate as established by the provider, not to exceed the ceiling for the type of care selected, less the fee that the family is required to pay pursuant to the sliding fee scale established by State regulation. For TANF families, when it is determined that a client needs child care, the county authorization worker explains the full range of choices of day care. The parent then chooses a provider and gives the appropriate information to the county authorization worker. Upon verification of eligibility for child care benefits, a notice of eligibility is sent informing the client of the date benefits begin and the amount of the child care payment.

In **Puerto Rico**, the certificate is a double endorsement check issued to the parent and the provider. It is disbursed on a monthly basis, once the parent and provider agreement is duly signed and the Child's Attendance Report has been turned in and registered.

South Dakota has begun statewide implementation of a coupon system for families with immediate short term child care needs such as job search, job club, and job readiness activities. Coupons will be supplied to each TANF Employment Specialist and Caseworker for distribution at the local level when necessary. A Child Care Certificate for long term child care needs can be used to obtain child care from any eligible provider statewide. Families may change providers at any time by notifying the Lead Agency of the new provider's name, mailing address and phone number.

The Lead Agency in **Washington** has a document that is completed by staff and parent or guardian. This authorizing document specifies that the parent is eligible, dates of eligibility, provider to whom payment will be made and maximum payment amount. It also includes children's names, type of child care, and the child care plan. It contains a section concerning in-home caregivers that makes assurances about the qualifications of the in-home caregiver.

A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of care:

In every Lead Agency, the certificate program is designed to allow parents to choose any type of child care setting. Parents become eligible for care, choose a provider and the provider becomes authorized to care for their child or children. In some cases, the parents have not chosen a provider at the time they are determined to be eligible for services. In these cases, 12 Lead Agencies (AK, CA, FL, GA, IL, IN, MS, NY, ND, PA, VT, WI) refer the family to the child care resource and referral agency. Six Lead Agencies provide the family with consumer education materials at the time that they receive the certificate or authorization (DC, IN, NE, NJ, OK, SC).

Families are asked to name a provider. If the provider is already licensed or registered with the Lead Agency, the certificate is authorized. In some cases, if the provider is not licensed or registered, the provider and the family are asked to complete a registration packet. The examples included below demonstrate the different approaches taken by Lead Agencies to help parents choose care using the certificate.

When a parent is enrolled by a certificate program in **California**, he/she is asked if a child care provider has been selected. If they have not selected a child care provider, they are referred to the local resource and referral program. The resource and referral program provides counseling on how to select a child care provider that best meets their family's needs and a list of providers that the parent should visit. Once the parent has identified a provider, the certificate program works with the provider to determine the provider's fee for the services that the family is eligible to receive. The certificate program then compares the provider's fee with the appropriate market rate ceiling to determine if the parent will need to pay a co-payment to cover any cost above the regional market rate ceiling. The provider is informed about the certificate program's policies and procedures for receiving invoices and processing payments. The provider is required to provide evidence of licensure or if the provider is license-exempt, he/she must submit a Trustline Application with fingerprints and a Health and Safety Self-Certification, that is signed by both the parent and the provider, to the certificate program.

In **Georgia**, information is provided by the caseworker on making informed child care choices if the parent/guardian requests assistance. Resource and referral agencies are available in some areas of the state. Caseworkers may refer parents to the resource and referral agency for assistance in making informed child care choices. The Child Care Certificate is issued to the parent/guardian on the day eligibility is determined and he or she is certified for child care services to be provided by a provider of their choice. The parent/guardian then has three service days to make contact with the child care provider and enroll the child in care. Child care is authorized when all three signatures are obtained.

In **Hawaii**, a worker from the Lead Agency meets with the parent/applicant to review the Child Care Program Requirements, the certificate process, and the different kinds of care which can be purchased with the certificate. The parent is given a Child Care Certificate and Provider Confirmation Form and a Health and Safety Checklist. The Lead Agency worker explains to the parent that they may choose from a variety of child care settings, and the descriptions of these types of settings are listed on the back of the Certificate Form. In addition to the consumer education which the applicant receives at this face-to-face interview, the parent also receives a determination of their eligibility for child care services. The client is then instructed to select either a licensed or license-exempt provider of choice. The parent then takes the Certificate Form and Health and Safety Checklist to the provider for review and signature. The parent is responsible for returning the signed Certificate Form to the Lead Agency. The certificate is issued stating the amount of the child care subsidy and any parent co-share.

Parents in **Idaho** can choose the type of care that they feel is most appropriate for their child. All types of care are available to families participating in the Idaho Child Care Program (ICCP). The provider they choose must be registered in the vendors' system and must meet ICCP health and safety requirements and state or local license requirements. If they cannot or choose not to meet the standards, the parents are notified to find alternative care.

In **Maine**, parents found eligible to receive a certificate who have not selected a child care provider are provided with a list of regulated providers in their area which accept CCDBG certificates. Parents are urged to visit the listed providers in making their selection. Parents found eligible to receive a certificate who have selected a child care provider are issued a certificate for their selected provider when said provider is regulated or, if unregulated, passes a protective, criminal and motor vehicle check.

Utah families found to be eligible are given the form which verifies eligibility for child care services, and outlines limits on services. Parents choose the child care setting that best meets their needs. Parents may choose a provider who is licensed or license exempt. Eligible parents are also given prospective payment for child care reimbursement based on need via a check or electronic benefit transfer which can be accessed at any ATM or at the provider point of service.

If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.

All states must use certificates to allow parents to choose the provider of their choice. In addition, thirty-two (62%) Lead Agencies use grants and contracts to provide some types of care (see Section 3.1).

- Ten (50%) of the 20 Lead Agencies using grants and contracts advise clients of their option to use any type of care with either certificates or grants and contracts (AZ, DC, LA, MD, NH, NM, NV, ND, PR, WA).

- In eight (40%) of the 20 Lead Agencies that make grants and contracts available, contractors administering some or all of the subsidy system are required to advise families that they have the option of using either contracted care or the child care certificate (CT, IN, FL, ME, MA, NV, NH, OR).

Examples of different ways in which Lead Agencies guarantee that parents have the choice of using a certificate or contracted care include the following:

> In **California**, parents can place their names on multiple waiting lists including those for direct service programs and certificate programs. If a family has placed its name on multiple waiting lists, and their name comes up on a direct service program waiting list first, the family can elect to enroll their child in the direct service program and remain on the certificate program waiting list or decline to enroll their child in the direct service program and wait for their name to come up on the certificate program waiting list.
>
> When a parent in **Illinois** contacts the child care resource and referral agency, they are provided with referrals to all types of providers. They are also informed of the various methods of payment available to them, both certificates and contracted providers.
>
> In **Montana** providers who have a contract with the Lead Agency that includes funds for slots (scholarships) register this information with the resource and referral agency. Parents are responsible for selecting their child's child care provider. Eligible parents indicate their preference for care to the local resource and referral agency. The agency in turn will give the parent a list of providers who meet the parents' specifications. This list may include providers who have scholarship funds available and providers who do not. The parent will then select a provide who meets their needs. If the provider selected does not offer scholarships the parent may receive a certificate through the sliding fee scale program to be used for care at the provider of choice.
>
> Families in **North Carolina** who are working or are involved in an education or training activity may choose to use a Head Start Wrap-Around Program for full day, year round child care services if their child is already involved in a part day Head Start Program. These services are offered in 38 counties. These parents may also apply for services at the local purchasing agency and receive a voucher, if eligible, if another provider is needed.

SECTION 4.1 - APPLICATION PROCESS

Describe the process involved for a family to apply to receive child care services (CCDBG 658E(c)(D), 658D(b)(1)(A), 658E(c)(3)(B)) *The description must include:*

- *How parents are informed of the availability of child care services and of available child care options;*
- *Where/how applications are made; and*
- *Who makes the eligibility determination.*

Parents are informed of the availability of child care services and the available child care options in several ways. Many Lead Agencies use more than one mechanism to inform families of the availability of child care, ranging from information given when determining eligibility for participation in the state Temporary Assistance to Needy Families (TANF) program or the child care subsidy program, information provided through the resource and referral agencies and public information campaigns. In addition, Head Start programs, community agencies serving children and families, providers, schools and the health care community give information on the availability of child care services to their clients.

- Thirty-nine Lead Agencies (75%) provide information on the availability of child care at the point of intake for families applying for TANF (AL, AK, AZ, AR, CA, CT, DE, DC, GA, HI, IA, KS, LA, MA, MN, MO, MT, NE, NV, NH, NM, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY).

- Thirty-two Lead Agencies (62%) use the resource and referral agencies in the state to provide information to families on the availability of child care subsidies and on the range of choices available to families (AL, AK, AZ, CA, CO, DC, FL, HI, IL, IA, KS, KY, ME, MD, MA, MI, MN, MO, NV, NJ, NY, NC, ND, OH, OK, PA, PR, TX, UT, WA, WV, WI).

- Twenty-eight Lead Agencies (54%) distribute public education materials throughout the state, using the media, mailings, brochures, posters, public service announcements and other mechanisms to alert parents to the availability of child care (AK, AZ, AR, CO, CT, DE, DC, FL, HI, ID, IL, KY, ME, MN, MS, MO, MT, NE, NJ, OH, OK, PA, PR, RI, SD, TN, VA, WA).

- Twenty-nine Lead Agencies (56%) provide materials to community agencies, local programs and child care providers and other state agencies to distribute information to the families they serve (AZ, AR, CO, CT, DC, FL, ID, IN, IA, KY, MD, MA, MI, MO, MT, NE, NJ, NM, NC, ND, PA, RI, SD, VT, VA, WA, WV, WI, WY).

Throughout the states, families may apply for services in person at the local office of the Lead Agency or at a local voucher management agency. Other Lead Agencies have elected to allow parents to apply by mail and phone as well.

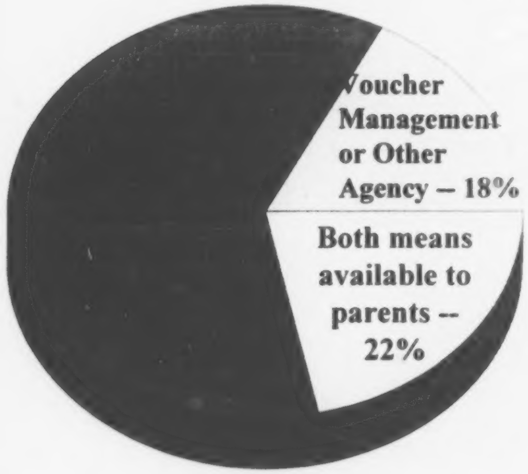
- Seven Lead Agencies (13%) allow families to submit applications to the child care program through the mail, by phone or in person (AZ, AR, ID, KS, OR, TX, WV).

- Eight Lead Agencies (15%) accept applications by mail or in person (CT. ME. NM. PA. SD. TN, VT, WI).

- One Lead Agency (2%) accepts applications by phone or in person (CA).

- Three Lead Agencies (6%) do not require TANF recipients to file an application (AR. AL. MT).

Eligibility determinations are made by either a voucher management agency or other contracted agency, state and local staff of the Lead Agency, or a combination of the two, depending on how the family applies for services.



- Thirty Lead Agencies determine eligibility at the state Lead Agency or in local Lead Agency offices (AZ, AR, DE, DC, FL, GA, HI, ID, IA, KS, LA, MD, MI, MN, MO, NH, NM, NY, ND, OH, OK, PR, RI, SC, SD, TN, UT, WA, WI, WY).

- Nine Lead Agencies use a voucher management agency or other agency under contract with the Lead Agency to determine eligibility (CT, IL, IN, ME, MS, NV, NJ, TX, WV).

- Twelve Lead Agencies use a combination of voucher management agencies and Lead Agency staff to determine eligibility (AL, AK, CA, CO, KY, MA, MT, NC, OR, PA, VT, VA).

SECTION 4.2 - SUBSTANTIATED PARENT COMPLAINTS

Provide a detailed description of how the Lead Agency maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (CCDBG 658E(c)(2)(C))

Every Lead Agency has developed a procedure for maintaining records of substantiated parental complaints. In each state, the process varies based on the agency responsible for licensing and regulating different types of providers. Lead Agencies make information on substantiated complaints available to parents through public access to licensing files and automated databases. Examples of the different approaches taken by Lead Agencies are listed below:

> In **Alabama**, information on centers is maintained by the Office of Day Care or County Departments. Family and group home information is available from individual county departments. Complaints against exempt care providers are referred to the appropriate legal entity or, if made to the child care management agency, parent is given a form and provider

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makes a rebuttal. The response is kept on file at the management agency. Any adult has access to all substantiated complaints regarding licensing violations.

The Lead Agency in **Colorado** maintains substantiated complaints. Complaints concerning license exempt providers are completed by county departments of social services and are kept at the Lead Agency. Through an automated retrieval system, the public can access licensing files and complaints from throughout the state at resource and referral agencies and other sites. Individuals can also view the files at the Lead Agency or request copies.

In **Delaware**, the Department of Social Services is the central repository for complaints about providers. Complaints against licensed facilities are sent to the Office of Child Care Licensing for follow-up. Complaints against exempt facilities are handled by the Department of Social Services if the complaint involves provider payment. If the complaint involves health, safety or abuse, the complaint is referred to the appropriate state agency. Parents and caretakers have the right to request a list of substantiated parental complaints for any licensed or license-exempt provider. Records of referrals of complaints to other agencies are available upon request.

Iowa maintains records of all substantiated complaints and licensing violations for licensed child care centers in the licensing file, which are available to the public upon request. For registered family and group homes, records of all substantiated complaints and regulatory violations are kept in the regulatory file in each county Department of Human Services.

The Lead Agency in **Nevada** or its contracting agency records complaints and forwards them to the appropriate regulatory agency. Copies of substantiated complaints and the subsequent resolution are available to the public upon request through the regulatory agency.

In **New Jersey**, the county agency maintains a log of all complaints received. When a complaint is received, the county agency records the complaint and the complainant is referred to the appropriate entity based on the type of complaint. The county agency will make the results of an investigation available upon request after the investigation is concluded.

New York records complaints immediately on an automated complaint tracking system, which is updated as the complaint is investigated. Local social services districts and resource and referral agencies inform parents that information about the compliance history of any provider can be obtained by contacting the appropriate regional office. Most information is requested by parents verbally, and responses are also give verbally. Written requests are required to obtain copies of documents.

The Lead Agency in **Pennsylvania** maintains records at each of four regional child care offices. Information is available under certain circumstances to people contacting the appropriate regional office and requesting information concerning complaints. Unsubstantiated complaints are not released. Information about complaints is not released until provider has a chance to respond.

In **Tennessee**, a record of substantiated parental and non-parental complaints are maintained in a computerized database by regulatory staff on every regulated home and center. Parents or the public requesting information about complaints are referred to the appropriate regulatory counselor for detailed information on the type and nature of the substantiated complaint.

In **Texas**, the Department of Protective and Regulatory Services maintains a record of substantiated parental complaints about health and safety standards. The Lead Agency maintains a record of substantiated complaints about child care service delivery. Records are made available to the public upon request.

The Bureau of Facility Licensing, Child Care Unit in **Utah** maintains substantiated complaints for licensed providers and establishes a provider record of substantiated complaints. Complaints about license exempt providers are maintained by the local Employment Center of the Department of Workforce Services. Records of complaints are made available to parents upon request. Licensed providers are required to post for public view notice of action pertaining to child abuse or actions addressing the health and safety of children.

In **West Virginia**, local Department of Health and Human Resources staff maintain a record of substantiated parental complaints in a notebook, noting complaint and subsequent corrective actions. Records of complaints are made available to the public upon request. Requestors receive a copy of the applicable page.

Substantiated parental complaints about licensed providers in **Wisconsin** are documented in individual files at the regional offices of the Bureau of Regulation and Licensing. Substantiated complaints about certified providers are documented in individual files at the county or tribal human service or social service department. Files are open to the public upon request and may be read at the regional office or county or tribal human service or social service department.

SECTION 4.3- PROCEDURES FOR AFFORDING PARENTS UNLIMITED ACCESS

Provide a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (CCDBG 658E(c)(2)(B))

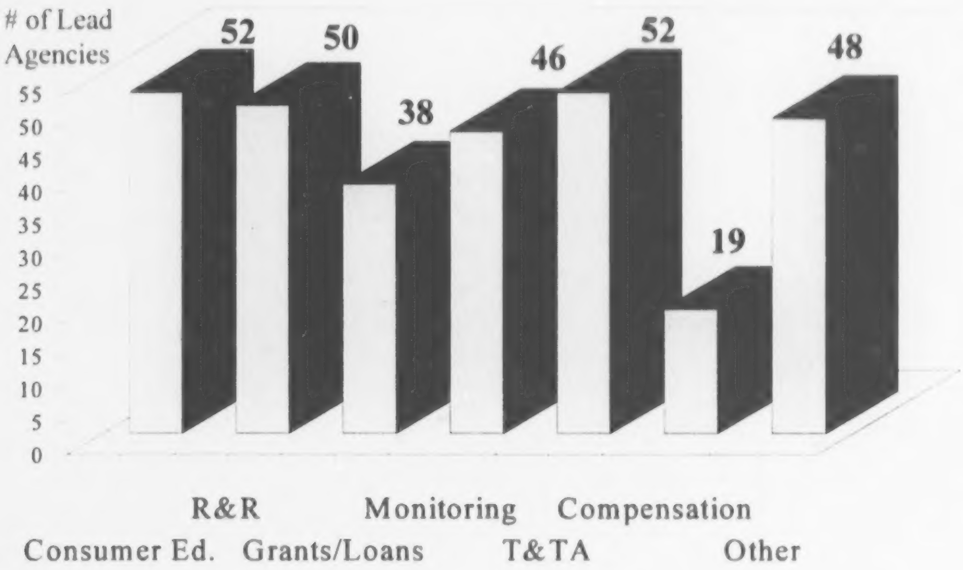
As required, each Lead Agency has taken steps to ensure that parents have unlimited access to their children while they are in the care of a provider who receives funds through the Child Care and Development Fund. In addition to regulations and statutes requiring access, Lead Agencies also inform parents of their right to unlimited access as part of the consumer education they receive.

SECTION 5.2 - QUALITY EXPENDITURES

Check either "Yes" or "No" for each listed activity indicating which of the following activities the Lead Agency will undertake to improve the availability and quality of child care. (CCDBG 658G, 658E(c)(3)(B))

The chart (next page) shows the response of each state for every category in this question. The graph below summarizes the responses of all Lead Agencies.

Activities to Improve the Availability and Quality of Child Care



Lead Agency Activities to Improve the Availability and Quality of Child Care

State Name	Consumer Education	Resource & Referral	Grants or Loans for Standards	Monitoring	Training & Technical Assistance	Compensation for Providers	Other Activities
Alabama	X	X		X	X		X
Alaska	X	X		X	X		X
Arizona	X	X		X	X		X
Arkansas	X	X	X		X		X
California	X	X	X	X	X	X	X
Colorado	X	X	X	X	X	X	X
Connecticut	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X
Delaware	X	X	X	X	X		
Florida	X	X		X	X		X
Georgia	X	X	X	X	X	X	X
Hawaii	X	X	X	X	X		X
Idaho	X	X		X	X		X
Illinois	X	X	X	X	X	X	
Indiana	X	X	X	X	X	X	X
Iowa	X	X			X		X
Kansas	X	X	X	X	X	X	X
Kentucky	X	X	X	X	X		X
Louisiana	X	X	X	X	X		X
Maine	X	X		X	X		X
Maryland	X	X	X		X	X	X
Massachusetts	X	X		X	X		X
Michigan	X	X		X	X		X
Minnesota	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X		X
Missouri	X	X	X	X	X		X
Montana	X	X	X	X	X	X	X
Nebraska	X		X	X	X		X
Nevada	X	X	X	X	X	X	X
New Hampshire	X	X	X		X		X
New Jersey	X	X	X	X	X		X
New Mexico	X	X	X	X	X	X	X
New York	X	X	X	X	X		X
North Carolina	X	X	X	X	X	X	X
North Dakota	X	X		X	X		X
Ohio	X	X	X	X	X		X
Oklahoma	X	X	X	X	X		X
Oregon	X	X	X	X	X		X
Pennsylvania	X	X	X		X		X
Puerto Rico	X	X		X	X		
Rhode Island	X	X		X	X	X	X
South Carolina	X		X	X	X		
South Dakota	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X		X
Texas	X	X		X	X		X
Utah	X	X	X	X	X	X	X
Vermont	X	X	X	X	X	X	X
Virginia	X	X			X		X
Washington	X	X	X	X	X		X
West Virginia	X	X	X	X	X		X
Wisconsin	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X		X

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SECTION 5.3 - DESCRIBE QUALITY EXPENDITURES

Describe each activity that is marked "Yes" above.

Comprehensive Consumer Education

Every Lead Agency (52) reported expenditures for consumer education as part of their quality improvement activities. Consumer education efforts across the states include many of these features:

- Resources on the types of care available and on how to identify quality in a child care setting, including pamphlets, videos, and newsletters.
- Information is created for both parents and for providers.
- Resource and referral agencies are an integral part of the consumer education efforts in most states.
- Materials on the importance of health and safety, including checklists and questionnaires for child care services.
- Explanations of licensing and regulatory requirements and contact information for the licensing agency. This information often includes procedures for parents who wish to file complaints about their child care services.
- Information describing the rights and responsibilities of parents and providers in the child care arrangement.
- Consumer education initiatives as part of the procedure in applying for or receiving a child care subsidy. Consumer education materials are provided to many families during the eligibility determination process.

Other consumer education initiatives:

Consumer education efforts in **Alaska** take place in a variety of settings, through one-one-one education and general materials distribution by child care resource and referral agencies, Job Centers, public assistance offices, local child care administrators, state employment services, licensing workers, employers, food program sponsors, health facilities, schools, libraries, state and local law enforcement. The Lead Agency has taken a multi-media approach to consumer education materials, using radio, television, printed materials, videos and a web page on the Internet. Materials to be developed include basic parent/consumer education materials about choosing quality child care, becoming a provider, basic health and safety issues, parenting skills and other topics. Specific materials will also be developed to help families with children with special needs. The Lead Agency will seek to involve the private sector in a consumer/public education campaign to increase corporate support of child care. The Department will also collaborate with tribal grantees to ensure geographic and cultural relevance of materials developed.

California has launched a public awareness campaign about the importance of quality child care and development programs, including information to assist families in selecting child care services that best meet the needs of their child. Activities will include public service announcements, billboards, posters, bookmarks, grocery bags, milk cartons, cereal boxes and advertisements on public transportation.

Resource and referral agencies in **Colorado** publish materials on how to choose child care, and work to improve awareness of the educational and economic issues related to early childhood education and about issues affecting children and their families in order to develop widespread public demand for quality, affordable child care.

The consumer education initiative in **Delaware** has been used to create education and training videos for consumers seeking care and for providers of care. One video will be general information on selecting safe, high quality child care. The second will address the detection and identification of child abuse.

Georgia's consumer education project is a partnership with existing initiatives to make information on child and youth development and childhood care and education available to all families, and to promote and distribute packets which include child care options cards through hospitals and adoption agencies. Consumer education initiatives are also designed to increase the number of parent involvement and family support programs; to promote linkages among organizations working in parent involvement and family support; to provide information to voters, taxpayers, policymakers and the media about the positive impact of childhood care and education on society; to provide business leaders with information on the economic benefits of investing in childhood care and education; and to use public awareness campaigns to increase the awareness of the need for care during non-traditional hours.

In coordination with the Early Childhood Public Engagement Campaign, **Minnesota** convened a broad based committee to coordinate efforts to educate parents and providers about the early brain development research. The committee will continue to meet for three years.

Mississippi has focused consumer education efforts on the distribution of low-literacy materials, including resources on choosing child care and a child care checklist.

In **New Hampshire**, the Lead Agency will provide resources, materials and education to consumers of child care services and will work directly with each District Office and Employment Security Office throughout the state to insure that low-income families have the necessary resources in their child care selection process. This linkage will be coordinated by one lead agency in the state and disseminated through locally based child care resource and referral agencies, family resource centers, Head Start, Early Start, Second Start, public libraries, hospitals, pediatrician's offices, health care agencies and Early Intervention programs.

North Carolina will identify and target points of entry for consumers, improve the dissemination of early care and education information, and will work to increase public awareness of the link between provider education and improved child care quality. The Lead Agency will continue collaborative efforts with other state agencies to strengthen the connections between child care and child health with a toll-free hotline to provide resources on health and safety regulatory and other child care issues. A home page and searchable directory of regulated child care providers will be made available on the Internet.

To provide consumer education to parents and providers, **South Carolina** will include educational flyers and other information in mailings to families and providers. Subjects will include training opportunities, choosing child care, developmentally appropriate activity ideas, product safety reports, and early brain development.

The Lead Agency in **Virginia** will fund efforts to maintain and update Virginia Child Care Online, a Web site which includes descriptions of various types of legal child care, a searchable geographical listing of providers, and information on how to start a child care program. Information from the Web site will also be made available in hard copy to local social service agencies, public libraries, and other information centers.

Resource and Referral Programs

Resource and referral programs are an important part of each state's subsidy program, in many cases providing a point of entry at the community level for families seeking child care. As a result, many Lead Agencies have used the quality improvement funds to create statewide resource and referral networks.

Agencies participating in the networks serve parents, providers and the child care Lead Agency. They provide child care consumer education for parents as well as counseling and other resources to help families find the child care environment that best meets their needs. Resource and referral agencies also meet the needs of the Lead Agency for child care by determining eligibility and monitoring programs. In most cases, the 50 Lead Agencies that fund resource and referral programs contract for these services:

- Maintenance of lists of licensed and regulated centers and family child care providers in a community.
- Recruitment, training and monitoring of providers, particularly in underserved areas.
- Consumer education for parents, providers and other members of the community, including employers and social service organizations.
- Data collection and analysis on the supply and demand for child care in the community, usage rates for each type of care, and the need for child care subsidies.

Examples of other responsibilities and projects funded through resource and referral programs are highlighted below.

In addition to the two resource and referral programs in **Arkansas**, the Lead Agency is developing resource and referral services via the Internet. School systems, churches and local communities will be utilized as resources.

In **Colorado**, resource and referral agencies provide counseling to parents seeking child care, maintain lists of providers, provide parental education, recruit new providers and refer families for child care assistance. Resource and referral agencies are also funded to help parents find and fund respite care for children with special needs.

A 24-hour community telephone line has been established in **Delaware** to provide comprehensive services to low-income families. Information about child care providers and consumer education materials will be mailed to parents within 24 hours of their call.

The Lead Agency in **Hawaii** uses resource and referral funds to contract with agencies to provide parents information on child care resources and to refer them to child care providers in their area, to collect information in communities about the need for child care and the capacity to develop child care services, to recruit, train and offer ongoing support to child care providers and to collaborate with other public and private community agencies assisting young children and their families.

The core resource and referral services funded in **Indiana** include the maintenance of a database on provider supply, provision of consumer education and referrals to families, coordination and promotion of new child care resources, provision of ongoing technical assistance to providers and employees, and to record and analyze data on consumer demand.

In **Oregon**, funds are allocated to the Child Care Resource and Referral Network. Resource and referral agencies use these funds for start-up, expansion and/or operation of "core" services to parents, providers, communities and employers. Resources and referral agencies help improve the availability and quality of child care through the recruitment of providers, training and support to child care providers, services to employers, and collection of data to assist in developing additional services. Activities of the Oregon Child Care Resource and Referral Network are central to improving the availability and quality of child care in the state. Funds will be allocated to the Network for technical assistance and coordination with state and local partners in building Oregon's child care system. The Network will provide training and technical assistance to the state's thirteen child care resource and referral agencies, community development assistance to communities interested in starting a child care resource and referral program, and manage child care data collection and dissemination on demand, supply and quality.

Wyoming will award funds to develop brochures for parents and providers, develop a lending library of books, toys and videos, develop a training component and collect and analyze data.

Grants or loans to providers to assist in meeting State and local standards

Thirty-eight Lead Agencies report creating grant or loan programs to assist programs and providers in meeting State and local standards. These initiatives are also designed to achieve other goals such as increasing the supply of child care and improving the quality of programs for low-income families.

- Twenty-one Lead Agencies have established grant and loan programs, such as revolving loan funds and loan-guarantees, to assist programs in meeting or maintaining the standards required by state and local licensing regulations (AR, CT, DC, HI, IL, KS, LA, MD, MS, MT, NE, NV, NJ, NC, OH, OK, SD, VT, WA, WV, WY).

In **Connecticut**, a Child Care Facilities Loan Fund has been created that includes three loan programs: tax-exempt bonding for non-profit child care facilities for construction, renovation or expansion costs; a loan guarantee program for capital and non-capital loans; and a small revolving loan program for non-capital loans. CCDF funds will be used to support the issuance of these loan opportunities and for minor renovations.

The **District of Columbia** will provide low-cost loans to assist homeowners to comply with licensing requirements and to offset the cost of licensing fees. Loans will be available through the Reinvesting in Child Care Initiative.

In **Kansas**, a grant program for licensed home providers was implemented. Funding, up to $1500 per provider, was made available through grants to help providers maintain or meet licensing requirements. The Lead Agency committed $485,000 directly to 324 providers for this program and will continue to commit and provide funds to licensed providers to help them maintain or meet licensing requirements.

The Lead Agency in **Louisiana** will make grants to licensed or registered providers of child care for minor remodeling and repair to assist them in coming into compliance with state and local licensing and safety standards.

Through its contractors, the Lead Agency in **Nevada** will maintain revolving accounts that can be accessed for the purpose of upgrading existing facilities to meet enhanced standards as well as for first time family child care providers who have completed training but cannot afford the costs of minor modifications to meet minimal facility standards.

In **Washington**, the Child Care Facility Fund provides grants or loans to employer supported child care to assist employers serving low-income children in meeting state and local licensing standards.

- Nineteen Lead Agencies make grants and loans available to programs to start-up, expand or enhance programs, particularly for school-age care, care for children with special needs, care for mildly ill children, care during non-traditional hours, infant and toddler care, extended day programs in collaboration with Head Start, prekindergarten programs and school-based programs (AR, CA, CO, CT, DC, DE, GA, KY, MN, NE, NH, NC, OK, OR, PA, SD, TN, WI, WY).

In **Delaware**, grants are available to increase the supply of school-age care, off-hours care, care for mildly ill children and for children with special needs. Grants may be used to offset a portion of program start-up, expansion or improvements, including personnel costs, equipment, and supplies.

The Lead Agency in **Georgia** is developing a loan pool to support the growth of regulated child care in underserved areas.

Minnesota's Lead Agency provided $700,000 for grants to increase the availability of culturally appropriate child care options, including funds for bilingual licensors and translators of materials and information to non-English speaking families and providers.

In **Oregon**, a county child care grant program will address capacity in each local area by stabilizing and increasing the availability of quality early childhood and school-age programs, especially programs for infants and toddlers, school-age care, non-traditional care, extended day programs linked with Head Start, prekindergarten, and other part-time preschool programs. Lead Agency will also use the School-Age Child Care Enrichment and Recreation Project to build the child care system and increase the supply of school-age care.

In **South Dakota**, plans are to offer funding for school-age programs with special emphasis on use of empty classroom space in school buildings. Infant/toddler capacity building will also be a priority.

The Lead Agency in **Tennessee** will award Corporate/Community Partnership grants to establish child care services where business and industry provide financial support to the ongoing operation of child care services for employees and the community.

- Fifteen Lead Agencies have created training and quality improvement initiatives, which are funded through grants and loans to providers (AR, CA, CO, DE, DC, IN, KY, MO, NE, NM, NC, OH, OK, SC, UT).

The Lead Agency in **Arkansas** uses grants and loans to provide research incentives to programs who meet quality approval status. The funds can be used to conduct family satisfaction surveys.

California uses a local program quality consortia to expand the availability of professional development to member programs and for stipends for costs related to staff attending professional development activities, including travel, per diem and substitutes).

In **Delaware**, Challenge Grants are awarded to encourage providers to meet accreditation standards. This program also includes coordination of activities with private organizations for support for joint projects and sponsorship to provide financial and technical assistance to providers during the review process.

The **District of Columbia** will use funds to support scholarships and to solicit private support for accreditation scholarships, mentoring and technical assistance for child development centers and family child care homes.

The Lead Agency in **Missouri** provides grants up to $6,000 to current or potential child care providers for quality improvements to child care facilities, with priority to programs in which 25% of enrollment consists of children with low-income or special needs.

Nebraska will offer funds to help programs achieve state and/or national accreditation.

In **North Carolina**, the Lead Agency will make low-interest loans available to providers to improve quality and to expand their ability to serve more children.

The Lead Agency in **South Carolina** will set aside one-time grants to child care providers who voluntarily agree to meet higher standards.

- Four Lead Agencies encourage providers to purchase equipment through grant and loan programs to make their programs safer or for other purposes (AR, NM, NC, WY).

  The Lead Agency in **New Mexico** makes mini-grants available to providers to purchase equipment such as fire extinguishers and smoke detectors.

  Wyoming awards grants and loans to providers to purchase fire extinguishers and smoke alarms/detectors and to have telephones installed.

- Seven Lead Agencies use grants and loans to achieve additional goals, including incentives for public/private partnerships, community planning initiatives, distribution of consumer education materials and targeted assistance to license exempt providers (AR, CA, CO, MD, MN, MS, WY).

  The Lead Agency in **California** makes grants and loans available to local child care planning councils to expand the child care infrastructure to meet identified gaps.

  In **Maryland**, grants of up to $10,000 are available to regulated providers for creative collaborative projects.

  Mississippi uses grants and loans to facilitate the distribution of consumer education materials.

  In **South Dakota**, plans are to offer funding for school-age programs with special emphasis on use of empty classroom space in school buildings. Funding is available to providers who need to meet compliance for licensing regulations. Infant/toddler capacity building will also be a priority.

Monitoring of compliance with licensing and regulatory requirements

Of the forty-six Lead Agencies that report expenditures for monitoring compliance with regulations, thirty-five spend funds directly to hire staff to license and monitor child care providers (AL, AK, AZ, CO, CT, DE, FL, HI, ID, IN, KS, KY, LA, ME, MI, MN, MO, MT, NE, NV, NJ, NY, ND, OK, PR, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI). Some of these staff are at the state level, and many are at the local level. Often, these expenditures are made through transfers to the state agency with responsibility for licensing and monitoring or are made through interagency agreements and collaborative arrangements.

Other activities funded in this category include training of licensing agency staff, technical assistance to providers to understand the licensing system, studies of the licensing system, implementation of improvements to the monitoring system to improve efficiency and effectiveness and development of different monitoring systems. Some of these alternative activities are highlighted below.

> The Lead Agency in **California** will develop and implement a data collection system to measure the achievement of identified results for children and their parents in subsidized

child care systems. The Lead Agency will also fund independent evaluations of all quality improvement activities on efficiency and effectiveness.

The **District of Columbia** will use volunteers to increase monitoring capabilities and will develop a self-assessment process for providers. Lead Agency plans to conduct a study of the existing monitoring system.

Florida will fund regional training for staff in facilities, family child care and licensing to clarify monitoring and enforcement procedures and will sponsor collaborative meetings with licensing staff, providers and other state programs that impact child care to implement uniform policies for monitoring and enforcement. The Lead Agency will also provide funding for the professional development of licensing staff and the development of a core curriculum and basic competencies for licensing staff.

The Lead Agency in **Georgia** will conduct a two-year study to recommend changes in the monitoring agency.

In **Kansas**, regulatory improvements will be made to state-level operations to keep up with growing program demands.

Maine has implemented a new regulatory system for family child care homes. Previously registered providers will have to meet increased health and safety standards. Lead Agency staff will provide technical assistance and monitoring to providers as they move toward the new standards.

The Lead Agency in **Mississippi** develops and manages a parental monitoring system to educate and recruit parents as monitors of minimum health and safety requirements, especially in family child care homes.

Reimbursement is made to food program sponsoring agencies in **New Mexico** for registration of family child care providers and for health and safety inspection when providers do not participate in the food program.

The Lead Agency in **North Carolina** provides comprehensive training, technical assistance and support for state staff who monitor child care centers and homes for compliance. Lead Agency will develop and disseminate information about safe playground equipment and will revise training course to reflect changes in playground rules.

Ohio is developing a statewide registry system to assist in the monitoring of all child care providers.

The Lead Agency in **Oregon** will use funds to screen providers, provide technical assistance and support to providers meeting standards and to work with provider organizations and collaborative projects to build public awareness and commitment to child care quality.

Through a contract, the Lead Agency in **Vermont** operates the Child Care Consumer Line to register all complaints.

West Virginia will develop local quality teams of state and local regulatory staff to work together to improve the quality and availability of child care.

Wyoming's Lead Agency will provide funds for technical assistance and consumer education, training for licensing staff to improve monitoring skills and provide training for providers to help them meet and maintain standards.

Training and technical assistance

Every Lead Agency reports using some quality improvement funds for training and technical assistance.[7] In their plans, Lead Agencies report both the types of activities they have planned to fund and the mechanisms to be used to deliver services to providers and parents throughout the state. The Lead Agencies have targeted training funds to a number of different priorities, and have created varied systems to deliver the training. Through the funding priorities identified in the state plans, Lead Agencies have demonstrated their intent to create training and technical assistance systems that will foster collaborative relationships between agencies at the local level and that will minimize duplication of services, while increasing the availability of training opportunities for providers.

To help meet these goals, many states have created a training system in which local and regional providers of training and technical assistance assess the need for training in their area and create local programs to address those needs. The training providers are local resource and referral agencies, state universities, private consultants, state licensing agency staff and other state resources. Lead Agencies have also identified the creation of train-the-trainer models and mentor programs as important ways to train new providers, improve the quality of existing programs and reward the skills and experience of established providers and programs.

The state plans identify these areas as priority areas for training and technical assistance:

- Nineteen Lead Agencies identify the creation and implementation of career development and credentialing plans, both statewide and in local areas as a priority in the state plan (AL, AZ, AR, CO, CT, DE, GA, ID, IN, ME, MN, MS, NE, NC, OK, PA, TN, UT, WI). Some plans are based on accreditation by national child care organizations, while others use a career ladder or lattice approach to link credentialing with the community college and state university system and with further professional training. Other states have developed their own state credentialing system which is incorporated into the career development system.

In **Arizona**, a Professional Development Committee has been created to develop and establish a career lattice for center and home-based child care providers.

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[7] In their plans, many Lead Agencies indicate that they will fund training and technical assistance activities, but do not list specific training opportunities that will be available. Other Lead Agencies reflect one or two training priorities that have been identified, but do not list in the plan every type of training that will be available.

The **Connecticut** Lead Agency reports that they plan to continue the implementation of a comprehensive early caregiver career development system, which includes a scholarship program for income eligible providers, a quarterly newsletter, support for family child care providers, consideration for family mentors and family service coordinators, and development of a statewide accreditation initiative.

Delaware plans to continue the implementation of the Delaware First...Again comprehensive plan for systematic professional development of child care providers. The plan includes a continuum of training opportunities, with transition from informal to formal college credit available as needed. The Office of Child Care Licensing works with providers and trainers to maintain a record of the training courses completed.

The Lead Agency in **Georgia** is in the implementation phase of a childhood care professional development system. They system includes an articulation model, a toll-free career information line, and development of competencies for trainers.

In **Mississippi**, the Lead Agency has created Director's Credential training for child care directors and those who aspire to be directors.

Through the Department of Education, the Lead Agency in **Nebraska** developed a framework for early childhood professional development designed to build a coordinated and effective statewide system of preparation and recognition for early childhood professionals. The framework includes five main priority actions and provides suggestions for trainers, professional organizations, agencies, institutions, policy makers, and communities for planning and implementing training and professional growth activities.

The Lead Agency in **North Carolina** has plans to implement a comprehensive early childhood education training delivery system that links education with compensation. The Lead Agency will also evaluate, revise and administer the state credentials for early childhood, family child care and early childhood administration and will explore the possible enhancement of the following areas of concentration: school-age care, infant/toddler care and special needs inclusion.

Tennessee plans to use training and technical assistance funds to continue the development, implementation and expansion of the statewide Early Childhood Training Alliance, a comprehensive, articulated provider training system through the Board of Regents schools.

- Thirteen Lead Agencies have placed a specific emphasis on supporting providers as they earn their Child Development Associate (CDA) credential or other credential, and provide training funds to providers to help them gain the credential (AK, AZ, AR, CA, CT, DC, FL, IL, NE, OK, SD, TN, TX).

- Eleven Lead Agencies report in the State Plan (under training and technical assistance, other quality activities, or in other sections of the Plan such as coordination or public-private partnerships) that they will support projects to train TANF recipients to become child care providers (AZ, AR, CA, CO, CT, DC, ID, KY, PA, TX, WV).

The Lead Agency in **Arizona** facilitates a project between the Head Start Collaboration Project, Head Start grantees, the statewide early childhood professional association and resource and referral agencies to formalize recruitment, training and job placement of TANF recipients in early care and education positions.

In **California**, the Lead Agency will launch three pilot programs in different areas of the state for the purpose of training TANF recipients to become child care and development teachers. The training program will cover a two-year period in which TANF recipients will be selected, enrolled in community college course work full-time during the first year with tutorial assistance as needed, and assigned a mentor teacher to supervise their field placement and provide support and assistance as needed throughout the duration of the program. The second year of training will include paid employment up to 32 hours a week and continuing education resulting in the completion of 24 units in early childhood education and 16 units in general education which will qualify the TANF recipient to apply for a Child Development Teacher Permit at the end of the two year training program.

California also has an initiative to award funds to county welfare departments for two-year pilot projects to train welfare recipients to be child care family child care providers or license-exempt providers, including caregivers who work in the child's own home. The focus of the projects is on recruiting providers for infant and sick-child care and care during non-traditional hours. The objectives of the project are to increase the supply, quality and safety of license-exempt care; help welfare recipients meet work participation requirements; help counties meet work participation goals; provide state and local program managers with data to assess the effectiveness of training welfare recipients to be child care providers. Open to welfare recipients already providing in-home license exempt care. Funds may be used to pay for recipient expenses such as licensing fees, CPR training, and other requirements with a cost.

In **Colorado**, state legislation created the Neighbor to Neighbor program, which will fund up to 10 pilot sites throughout the state to train and educate public assistance recipients to become family child care providers or to work in centers. Funds can also be used to help welfare recipients secure appropriate state and local licenses and permits.

Connecticut has funded a project that recruits potential child care providers, including TANF recipients, trains interested providers in licensing and operating as an entrepreneur through the Capital Region Education Council and provides scholarship assistance for low income applicants who are eligible through the Connecticut Training Support Fund operated by the Community/Technical College System.

The Lead Agency in **Idaho** has made an eight-month pilot project available to three Community Action Agencies to train entry level child care providers. AFDC recipients who have expressed an interest in entering the child care field are referred into the projects. At the end of the pilot period, the Department will have a standardized child care basic training packet available for use.

In **Kentucky**, the Lead Agency funds special projects to recruit welfare recipients to be trained to work in child care centers or start family child care businesses.

Through the Workforce Commission, **Texas** will implement state legislation that creates an initiative with four pilot projects to certify child care centers as training sites for TANF recipients interested in working in child care. Plans are also in place to expand the Home Instruction Program for Preschool Youngsters (HIPPY) to offer employment as paraprofessional parent educators to TANF recipients.

The Lead Agency in **West Virginia** plans to continue funding to support the Child Care Apprenticeship Program and to develop mentoring programs for TANF recipients to be child care providers.

- Basic health and safety training, including nutrition, child CPR, and child abuse and neglect prevention is included in training and technical assistance plans for twelve Lead Agencies (AZ, AR, DC, IN, IA, KS, MA, NH, NM, NY, PA, WV).

In **Iowa**, the Lead Agency will use funds to assist providers in meeting minimum training requirements, including certification in American Red Cross or American Heart Association infant, child and adult CPR or equivalent, certification in American Red Cross child development, guidance and discipline, appropriate practice, health and safety, nutrition, communication skills, business practices, professionalism and ethics.

Training in curriculum development, health and safety and child abuse and neglect and other issues training is available from resource and referral agencies and the Lead Agency in **Massachusetts**.

The Lead Agency in **New Mexico** funds training for a 45-hour entry level course for providers entering the field and for providers upgrading their licenses. Technical assistance to providers includes the dissemination of information on the prevention of abuse and neglect and the national health and safety standards for child care.

In **West Virginia**, training will focus on health and safety issues, appropriate activities, accessibility, classroom management and caring for children with special needs.

- Seven Lead Agencies include training opportunities for legally exempt or informal providers in their plans (CO, MD, MO, NY, PA, RI, TN). Some trainings are designed for informal or exempt providers, while other Lead Agencies mention that their plan includes technical assistance efforts to include these providers in trainings designed for regulated providers.

The Lead Agency in **Colorado** is working with the Department of Public Health and Environment through the Colorado Child and Adult Care Food Program (CACFP) Legally-Exempt Homes Expansion Project. The project seeks to enhance the quality of child care by allowing legally-exempt child care providers to participate in the CACFP. Legally-exempt homes participating in the project will have access to financial and technical assistance and will participate in a certification process through the state's child care resource and referral system.

Maryland will create an initiative to provide outreach services and technical assistance to informal child care providers who receive child care subsidy payments to assure that children are cared for in safe, healthy environments.

In **New York**, the Lead Agency is developing strategies to provide technical assistance and support to help unregulated legally exempt caregivers comply with basic health and safety requirements.

- Other initiatives highlighted by Lead Agencies include specialized training for providers in school-age programs and infant and toddler programs (CA, CO, MN), training for providers working with children who speak languages other than English (NY), technical assistance for programs to help them include children with special needs (AK, DC, MN, TN, WV), director credentialing programs (MS, NE), funding for resource libraries and toy lending (AR, NM, WV), and hotlines for providers to receive consultation and support on licensing, child development and other issues (AR, NE, WV).

Through contracts with community-based agencies, the Lead Agency in **New York** provides training opportunities for providers in languages other than English and in ways that are consistent with the unique cultural backgrounds of providers.

The Lead Agency in **Tennessee**, with additional funding from the Tennessee Developmental Disabilities Council and the Department of Health, will create a network of 11 Child Care Resource Centers across the state to assist any provider to successfully include children with special needs and disabilities.

Arkansas has provided funding for Educational Cooperatives and teacher centers for child care providers which will develop resource libraries. Providers will have access to equipment and personnel who will assist in the development of quality instructional materials.

In **Florida**, the Lead Agency provides funding for the professional development of training coordinators and trainers to attend state and national meetings and conferences on child care issues.

Compensation for child care providers

Nineteen Lead Agencies report that they provide quality improvement funds for compensation initiatives (CA, CO, CT, DC, GA, IL, IN, KS, MD, MN, MT, NV, NM, NC, RI, SD, UT, VT, WI).

In **California**, a mentor teacher/director program includes financial compensation and other benefits to teachers and directors chosen to participate in the program. The program includes additional salary, a stipend to assist teachers in obtaining a Child Development Permit and a partial subsidy for health coverage. In addition, trainers participating in the program who make a minimum number of trainings available in their local area will receive a stipend.

The Lead Agency in the **District of Columbia** has set out to increase the profitability of child care by raising the participant cap that limits the number of children receiving subsidized care in any facility to 75% of total enrollment. In addition, the Lead Agency proposes incorporating incentives for individuals to become licensed family child care providers, such as a waiver of licensing and related fees and the provision of a mentor to assist in the process. The Reinvesting in Child Care Initiative also provides incentives through low-cost loans for home renovation and supplies.

Through the Georgia Child Care Council, **Georgia** will develop levels of qualifications linked to suggested salary ranges, advocate for increased support of the TEACH project and will research national models and recommend new initiatives to pay for increased salaries.

As implemented in **Illinois**, the TEACH Early Childhood Program provides partial funding for college scholarships, travel and release time. In return, providers pledge to remain in the program for a year, for which they receive a bonus or a raise.

Compensation efforts in **Maryland** may include the development of compensation plans to motivate child care workers to seek further training and innovative strategies to purchase health and disability benefits for workers.

Minnesota plans to make a request for proposal available to build on model projects and to evaluate effective strategies to recruit and retain high quality child care providers through increased compensation.

In **Nevada**, a plan is being developed to improve the compensation of child care providers through collaboration with the provider community, parents, educators and community leaders.

The **North Carolina** Lead Agency provides support for a demonstration project which will develop a benefit package for child care providers that may include health insurance, retirement benefits and wage supplements linked to the provider's level of education.

In **Vermont**, a five percent quality bonus will be paid to accredited centers who serve children receiving subsidy and to family child care home providers who are accredited or who have their Child Development Associate Credential.

Other quality activities that increase parental choice and improve the quality and availability of child care

Forty-eight Lead Agencies indicate that they will spend some of their quality improvement funds in ways other than those described in the other categories.

- Thirty Lead Agencies fund supply-building activities, including increased focus on services in rural areas, services for children with special needs, full-day/full-year Head Start programs, infant and toddler care, and school-age care, as well as initiatives to expand child care in existing infrastructure such as schools and churches (AK, AZ, AR, CA, CO, DC, FL, GA, HI, KS, MN, MO, MT, NE, NH, NJ, NY, NC, ND, OH, OK, PA, RI, TN, TX, UT, VA, WA, WV, WI).

The Lead Agency in **Arizona** will provide resources to help meet the demand for child care in rural and low-income urban areas through recruitment, orientation and training of family child care providers.

In **California**, the Lead Agency created the Child Care Initiative to address the shortage of licensed, quality family child care programs. The Initiative is conducted by local resource and referral programs, which implement a five stage child care supply building process, which includes assessing local supply and demand and targeting shortages of care in specific geographic areas; recruiting interested individuals who have the potential to become licensed family child care providers; training these individuals to provide quality care and to manage a small business effectively; providing technical assistance to help them get licensed and started; and providing ongoing support to help them stay in operation.

Colorado will increase the availability of child care through Colorado Child Care Corps, an AmeriCorps program.

In **Florida**, the Lead Agency will use resource mobiles to recruit and retain family child care homes and will begin special efforts to secure night-time and weekend providers.

Hawaii will use the Child Care and Development Fund to increase the availability of early childhood development programs for infants and toddlers with developmental disabilities and other special needs. The project will involve training the providers of center-based and family child care homes on special needs inclusion while providing child care services to the children. Funds may be used to establish a network of family child care homes connected to a child care center to offer training, respite and increase the availability of quality infant and toddler care.

In **Minnesota**, funds are used to develop licensed care in non-English speaking communities. The Lead Agency also provides funds to develop public/private partnerships to increase the capacity of Minnesota's child care system to meet the needs of families under welfare reform. Grants and loans will be available to enhance and expand child care sites.

The Lead Agency in **Pennsylvania** will provide family center grants for school districts to become direct or indirect providers or neighborhood and family outreach. Lead Agency will also make before- and after-school care expansion grants available with school districts to increase the availability of this type of care.

Tennessee will award grants to continue and expand the operation of the family child care development and regulation programs to recruit, train and register family child care providers.

The Lead Agency in **Utah** will increase the availability of school-age programs through the use of enhancement grants and contracts.

In **Washington**, the Lead Agency will create an incentive for providers to care for children during nontraditional hours and will develop additional care for infants, toddlers, preschool-age children and school-age youth.

- Thirteen Lead Agencies provide support for quality improvement activities, such as accreditation of programs and providers (CA, CT, ID, IA, LA, NH, NM, NC, ND, OK, RI, WV, WI).

California created a registry of license-exempt providers known as Trustline for families to gather information on the background of potential providers.

The Lead Agency in **Connecticut** will begin comprehensive quality enhancement activities to improve school readiness. The initiative will provide opportunities for child care providers to enhance program services such as nutrition, health care, parent education and literacy.

In **Idaho**, funds have been allocated to each of the seven regional Health and Welfare offices in order to allow them to establish one-time quality improvement activities specific to the needs of the region.

Louisiana provides quality incentives to providers who meet accreditation standards established by the National Association for the Education of Young Children (NAEYC).

New Mexico has established a three-tier licensing system tied to reimbursement, with higher rates for programs that are accredited, meet stringent state requirements, have higher staff/child ratios and have requirements for the director.

The Lead Agency in **North Dakota** will provide accreditation grants to providers and will make mini-grants available to those providers who complete each module of the Infant/Toddler Intensive Training Project.

Oklahoma will create differential reimbursement rates based on quality indicators.

The Lead Agency in **Wisconsin** will provide quality grants annually to providers to meet and maintain state High Quality Standards through accreditation, improved levels of staff training, higher staff compensation and lower staff turnover.

- Ten Lead Agencies will create professional development initiatives, including development of career ladders and training opportunities (ID, KS, KY, ME, MO, NH, NJ, ND, RI, SD).

Through a task force of providers, educators, resource and referral representatives and state agency staff, **Idaho** is developing a Career Lattice to support child care as a profession.

The Lead Agency in **Kentucky** has created specialized Child Development Associate (CDA) initiatives to provide a career path for providers.

Maine will implement a core curriculum and career ladder and voluntary registry with a trustline component to provide parents with the ability to determine if a provider is part of the registry and with the provider's credentials.

With the development of the Quality Assurance Initiative, **New Hampshire** will develop a career lattice for early care and education, including development of an articulated training system, model practicum, a mentor and director credential, a provider registry and a training approval system.

South Dakota received a planning grant from the Bush Foundation for infant/toddler caregiver training which resulted in a training grant from the Bush Foundation.

- Five Lead Agencies plan efforts to improve collaboration in the early childhood education programs throughout the state (FL, MD, NJ, NM, TX).

The Lead Agency in **Florida** will fund collaborative efforts between Head Start, prekindergarten programs and other providers.

In **Maryland**, the Lead Agency will work to establish or expand partnerships between business, public schools, Head Start grantees, civic/service organizations and child care which result in these community partners having a greater understanding of regulated child care and the importance of child care services and in increased financial support and involvement of the business community in child care-related programs.

New Jersey will sponsor planning grants to promote coordination and partnership among school districts, Head Start programs and eligible child care programs.

In **New Mexico**, the Lead Agency will work to promote collaboration with other programs that enhance child care quality, including health systems integration project, grant to prevent child abuse, Head Start collaboration grant and the Children's Trust Fund.

The Lead Agency in **Texas** has proposed a partnership to fund expansion of the HIPPY program in the state.

- Five Lead Agencies plan to fund training for recipients of TANF and other low-income families to become child care providers (CA, CO, ID, KY, WV). *(See training and technical assistance initiatives, page 104.)*

- Three Lead Agencies will promote linkages with the health community (CO, IA, NV).

Colorado will create health linkages through the Child and Adult Care Food Program and the Health Systems Development in Child Care grant.

The Lead Agency in **Iowa** will continue to fund the Healthy Child Care Iowa initiative and will provide grants for increased health care consultation.

In **Nevada**, the Lead Agency will increase immunization rates, help families access health and social services, promote comprehensive access to health screening, improve nutrition services and promote the use of child care health consultants.

- Seventeen Lead Agencies will fund a variety of other activities, such as surveys, public awareness campaigns, mobile and video training initiatives, parent education, improve communication between early childhood agencies, bilingual service delivery and insurance funds (AR, HI, ID, IA, MN, MS, NV, NH, NM, NY, NC, OK, PA, RI, UT, VT, WI).

Idaho will conduct a survey of the general population, parents and providers to gather data about child care usage and needs. Data will be used to inform the public about child care.

The Lead Agency in **Iowa** will provide support to the "Iowa's Child" campaign, part of the national Public Engagement Campaign. Funding will be used to create a communications plan and structure for mobilizing grassroots teams across the state, and developing a fundraising plan to carry out the goals of the campaign.

Minnesota will design initiatives to provide support to families and caregivers in the formal and informal child care system. Funds will be used to increase collaborative efforts across early childhood care and education programs, including Early Childhood Family Education, Head Start and child care. Homevisiting partnerships will be explored specifically for working with relative and license exempt caregivers.

In **New Mexico**, the Lead Agency will begin a parent education program to give parents information about the physical, mental, social and emotional development of their children.

In **North Carolina**, the quality improvement funds will be used to develop a pilot project that will offer benefits to family child care providers. The Lead Agency will also begin research on the impact of regulatory changes on level of quality in child care and on the true cost of child care in the state.

The Lead Agency in **Rhode Island** will provide funding to the Department of Education to conduct a child care enhancement pilot program. Parent educators, employed by the local school system, will provide home instruction on child development issues for in-home and relative child care providers.

Utah will collaborate with other agencies to compile a school-age program registry.

The Lead Agency in **Wisconsin** will provide public information about child care as a career and will inform the public about the role of child care providers.

SECTION 6.1 - HEALTH AND SAFETY REQUIREMENTS FOR CENTER-BASED PROVIDERS

Are all center-based providers paid with CCDF funds subject to licensing under State law which is reflected in the National Resource Center for Health and Safety in Child Care's (NRCHSCC) compilation?

Twenty-eight Lead Agencies (54%) require **ALL** center-based providers paid through the Child Care and Development Fund to be subject to licensing under State law (AZ, AR, DC, GA, ID, IN, IA, KS, KY, ME, MD, MS, MT, NE, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, VT, WA).

Twenty-four Lead Agencies (46%) **DO NOT** require all center-based providers paid through the Child Care and Development Fund to be subject to licensing under state law (AL, AK, CA, CO, CT, DE, FL, HI, IL, LA, MA, MI, MN, MO, NE, NY, OR, PR, TX, UT, VA, WV, WI, WY).

Facilities exempted from licensing standards include religious-sponsored centers, centers in public and private schools and military facilities.

For that center-based care which is not licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE

- Thirteen Lead Agencies require that each child have a record of immunization available at the exempt facility (AL, AK, CA, CT, DE, IL, LA, MN, NV, PR, UT, WV, WY). Of these, Minnesota and Nevada limit the requirement to school-age children, while West Virginia limits it to children under 6.

- Seven Lead Agencies require the exempt provider to complete a self-certification or an Agency checklist (AL, CO, DE, HI, MI, MO, WY).

- Four Lead Agencies require adults in the exempt facility to have a tuberculosis test or a clear chest X-ray (AK, HI, IL, WI).

- Three Lead Agencies require that adults in the exempt facility have record of a physical examination (AK, IL, PR).

- One Lead Agency requires children in the exempt facility to have a test for tuberculosis (AK).

BUILDING AND PHYSICAL PREMISES SAFETY

- Sixteen Lead Agencies require exempt child care facilities that are not licensed to meet applicable fire, building or environmental codes (AK, CA, CO, DE, FL, IL, NV, NY, OR, PR, TX, UT, VA, WV, WI, WY).

- Six Lead Agencies require exempt providers to certify that they meet applicable state regulations on building safety, including availability of working fire extinguishers, smoke alarms, and telephones, playground and other areas are safe, and the facility is free of hazardous conditions (AL, CT, HI, MI, MO, WY).

HEALTH AND SAFETY TRAINING

- Five Lead Agencies require that staff in exempt facilities be trained in health and safety topics, including child CPR, first aid and recognizing the signs of child abuse and neglect (NV, PR, VA, WV, WI).

- Five Lead Agencies require that exempt centers self-certify that staff have participated in appropriate health and safety training (AL, CT, DE, LA, UT).

- Four Lead Agencies provide informational materials on health and safety for distribution to providers, either through parents or directly to the exempt center (HI, IL, MN, NY).

- Three Lead Agencies require exempt facilities to complete a checklist that demonstrates the center meets health and safety measures (CO, HI, MO).

SECTION 6.3 - HEALTH AND SAFETY REQUIREMENTS FOR FAMILY PROVIDERS

Are all family home child care providers paid with CCDF funds subject to licensing under State law which is reflected in the National Resource Center for Health and Safety in Child Care's (NRCHSCC) compilation?

Fourteen Lead Agencies (27%) require all family home providers paid through the Child Care and Development Fund to be subject to licensing under State law (DC, DE, GA, KS, MA, MT, NE, NJ, NC, OH, OK, TX, VT, WA).

Thirty-eight Lead Agencies (73%) do not require all family home providers paid through the Child Care and Development Fund to be subject to licensing under State law (AL, AK, AZ, AR, CA, CO, CT, FL, HI, ID, IL, IN, IA, KY, LA, ME, MD, MI, MN, MS, MO, NV, NH, NM, NY, ND, OR, PA, PR, RI, SC, SD, TN, UT, VA, WV, WI, WY).

For that family home care which is not licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE

- Eighteen Lead Agencies require exempt family child care providers to maintain immunization records for children in care in the facility (AK, AZ, AR, FL, IL, KY, MS, NV, NM, ND, PA, PR, SC, SD, UT, VA, WI, WY).

- Thirteen Lead Agencies require providers in exempt family child care homes to be tested for tuberculosis and other communicable diseases (AK, AZ, CA, HI, IL, IA, ME, NM, PA, SD, VA, WV, WI).

- Eleven Lead Agencies require exempt family child care providers to certify that they are in good health and free of communicable diseases (CA, FL, HI, IN, IA, KY, LA, MS, PA, PR, TN).

- Eight Lead Agencies require exempt family child care providers to self-certify that they are following health and safety guidelines, including certification that children in care have been immunized and that basic health and safety procedures are in place (AL, CO, CT, ID, MI, PA, RI, WY).

- Six Lead Agencies establish guidelines for sanitary and safe facilities that exempt family child care providers must follow (AK, AZ, MD, PA, TN, WV).

BUILDING AND PHYSICAL PREMISES SAFETY

- Eighteen Lead Agencies require exempt family child care providers to meet specific regulations for building and physical premises safety, including guidelines for storage of firearms and ammunitions, fire exits, smoke detectors, regulations for disposal of sewage and garbage, procedures for food preparation and storage, adequate ventilation, and sufficient space indoors and outdoors (AK, AZ, AR, IL, IA, MN, MO, NM, OR, PA, PR, RI, SC, TN, UT, VA, WV, WI).

- Fifteen Lead Agencies require exempt providers to submit a checklist or self-certification that they meet health and safety standards (AL, CA, CO, CT, HI, ID, IN, KY, MD, MI, MS, ND, PA, SD, WY).

- Six Lead Agencies require exempt family child care providers to meet state or local building, fire or environmental codes (IL, NY, PA, PR, UT, WY).

HEALTH AND SAFETY TRAINING

- Fifteen Lead Agencies require exempt family child care providers to attend training in basic health and safety areas, such as child CPR, first aid and child development (AZ, AR, CT, FL, IA, NV, NH, NM, PA, PR, SC, SD, VA, WV, WI).

- Ten Lead Agencies provide information and materials about basic health and safety practices to exempt family child care providers (AR, CA, CO, HI, IL, LA, MN, MS, MO, WI).

- Seven Lead Agencies require exempt family child care providers to certify that staff in the home have received appropriate health and safety training (AL, ID, IN, KY, ND, PA, UT).

SECTION 6.4 - HEALTH AND SAFETY REQUIREMENTS FOR IN-HOME PROVIDERS

Are all in-home child care providers paid with CCDF funds subject to licensing under State law which is reflected in the National Resource Center for Health and Safety in Child Care's (NRCHSCC) compilation?

Two Lead Agencies (4%) require all in-home providers paid with Child Care and Development Funds to be subject to licensing under state law (NE, VT).[8]

Fifty Lead Agencies (96%) do not require all in-home providers paid with Child Care and Development Funds to be subject to licensing under state law (AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY).

For that in-home care which is not licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE

- Fifteen Lead Agencies require exempt in-home providers to be free of tuberculosis and other communicable diseases (AK, AZ, CA, DC, HI, IL, IN, IA, KY, MD, NM, NC, SD, VA, WI).

- Thirteen Lead Agencies require exempt in-home providers to have a record of each child's immunization history at the place of care (AZ, AR, DC, FL, IN, MS, NV, NM, ND, OH, SD, TN, WI).

- Thirteen Lead Agencies require exempt in-home providers to certify that they follow procedures to prevent the spread of infectious disease or that children in care are immunized (AL, AK, CA, DE, CT, HI, ID, MS, NC, ND, PR, RI, WY).

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[8] In its State Plan, the Lead Agency in Nebraska notes that in-home providers will not be paid through the Child Care and Development Fund.

BUILDING AND PHYSICAL PREMISES SAFETY

- Twenty-one Lead Agencies require exempt in-home providers to self-certify that they have met basic health and safety requirements for building and physical premises safety (AR, CA, CO, HI, ID, KS, KY, LA, MA, MS, MT, NJ, NM, ND, OK, PR, RI, SD, UT, VA, WY).

- Fifteen Lead Agencies have specific requirements for exempt in-home providers to meet specific regulations for building and physical premises safety, including guidelines for storage of firearms and ammunition, fire exits, smoke detectors, regulations for disposal of sewage and garbage, procedures for food preparation and storage, adequate ventilation, and sufficient space indoors and outdoors (AK, AR, DE, GA, IL, IN, IA, MD, MS, NC, OH, OR, TN, TX, WI).

- Six Lead Agencies require exempt in-home providers to provide documentation that they have met state and local building, fire and environmental standards (AL, CT, FL, MN, MO, NY).

- Eight Lead Agencies provide informational materials and packets on building and physical premises safety to exempt in-home providers (DC, ME, MA, MI, MS, MT, NH, NJ).

HEALTH AND SAFETY TRAINING

- Eighteen Lead Agencies require exempt in-home providers to participate in basic health and safety training, including first aid, child CPR and prevention of communicable diseases (AL, AZ, AR, DC, FL, GA, ID, IA, MT, NC, ND, OH, OK, RI, SC, VA, WV, WI).

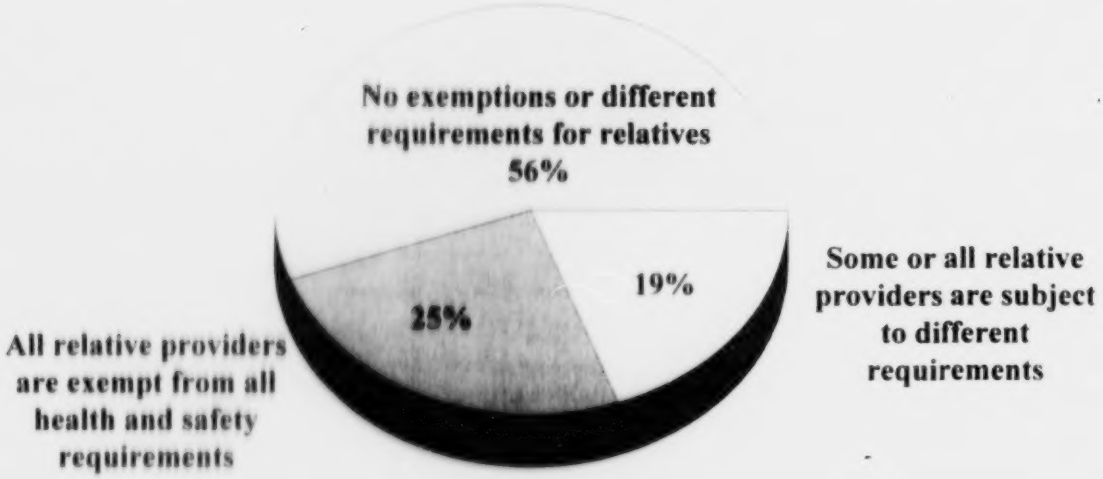
- Nineteen Lead Agencies provide materials and information packets to exempt in-home caregivers on health and safety practices (AR, CA, CT, DE, HI, IL, LA, ME, MA, MI, MN, MS, MO, NV, NH, NJ, NM, PA, WI).

- Eight Lead Agencies use the health and safety checklist required to meet requirements in prevention of infectious disease or maintain building and physical premises safety as a health and safety training tool for exempt in-home providers (AK, CA, IN, KS, MA, MN, MO, UT).

SECTION 6.5 - EXEMPTIONS TO HEALTH AND SAFETY REQUIREMENTS

At State option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings who live in a separate residence from the child in care, may be exempted from health and safety requirements (CCDBG 658P(5)(B), 98.41(g)). *Indicate the Lead Agency policy regarding these relative providers.*

Exemptions to Health and Safety Requirements for Relative Providers



- Twenty-nine Lead Agencies (56%) do not give exemptions or different requirements for relative caregivers (AR, CO, CT, DC, GA, IL, LA, MD, MA, MN, MS, MT, NE, NH, NJ, NY, OK, OR, PA, PR, RI, SC, TN, UT, VT, WA, WV, WI, WY).
- Thirteen Lead Agencies (25%) exempt all relative caregivers from all health and safety requirements (AL, AK, HI, ID, IN, IA, MI, MO, NV, NM, ND, TX, VA).
- Ten Lead Agencies (19%) make some or all relative providers subject to different requirements from exempt caregivers (AZ, CA, DE, FL, KS, KY, ME, NC, OH, SD).

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